

(R	equestor's Name)
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Certified Copies	Certificates of Status
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TO: Registration Section Division of Corporations

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AMERICAN-MARSH PUMPS LLC

SUBJECT:

For

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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vedder Price P.C. Firm/Company 222 N. LaSalle St., Suite 2600 Address: Chicago, IL 60601 City/State and Zip Code wkummerer@vedderprice.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Stephanie Michaels Name of Contact Person at (312 / Area Code Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee \$155.00 Filing Fee & \$160.00 Filing Fee, Certific			Name of Person		
222 N. LaSalle St., Suite 2600 Address: Chicago, IL 60601 City/State and Zip Code wkummerer@vedderprice.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Stephanie Michaels Name of Contact Person Area Code Daytime Telephone Number Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	Vedder Price P.	с.			
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AMERICAN-MARSH					
(Name of Foreign	Limited Liability Company; must include "Limite	d Elability Company," "E	L.C.," or "LLC.")		
nanie unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The alternate name must	include "Linuted Liability Company,"	"L.L.C." or "LLC.")	
DELAWARE		20-19234 8 0 3.			
(Junsdiction under the law of w	hich foreign limited liability company is organized)				
11/22/2019					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)			
185 Progress Road		185 Progress 6.	s Road		
(Street Address of I	Principal Office)	v	(Mailing Address)		
Collierville, TN 38017		Collierville,	TN 38017		
- <u> </u>				2019 0	
			······		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		с. ц	
	<u> </u>	<u></u> ,			
Name:	Cogency Global Inc.			r** 19: 07	
Office Address:	115 N. Calhoun St., Ste. 4			. 07	
	Tailahassee	, Flori	32301 ·		
	(City)	, r ton	(Zip code)		

Registered agent's acceptance:

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

N (Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address;	Title or Capacity;	Name and Address:	
Manager	Name:	🔳 Manager	Name: Daniel Podgorny	
Member	Address:	Member	Address: 9550 W. Higgins Rd., #300	
Authorized	Rosemont, Illinois 60018	Authorized	Rosemont, Illinois 60018	
Person		Person		
Other	Other	Other	Other	
Manager	Name:	Manager	Name:	
Member	Address: 9550 W. Higgins Rd., #300	 Member	Address: 9550 W. Higgins Rd., #300	
Authorized	Rosemont, Illinois 60018	Authorized	Rosemont, Illinois 60018	
Person		Person		
Other CEO	Other	Other	Other	
	Wolforng Mertineit		Name	
Manager	Name: Wolfgang Mertineit	Manager	Name:	
Member	Address:	🗌 Member	 Add ress :	
Authorized	Rosemont, Illinois 60018	Authorized	<u> </u>	
Person		Person		
Other	Other	Other	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an anthonized occurs

JEFFREY PLASTER

Typed or printed name of signee



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

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Date:1	2/03/2019		
Name:	Merritt Walker		
Reference #:_	1158913		
		-MARSH PUMPS LLC	
Amendr	of Incorporation/Authorizati ment of Agent	ion to Transact Business	20
Reinsta Convers			2019 D.C 3
☐ Merger ☐ Dissolut ☐ Fictitiou	tion/Withdrawal		, ''' 10: 07
Authorized Am	ount: \$125		

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Signature: _____



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN-MARSH PUMPS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN-MARSH PUMPS LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 DEC - 3 50 :0i - J

Page 1



Authentication: 204120796 Date: 12-03-19

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SR# 20198393556 You may verify this certificate online at corp.delaware.gov/authver.shtml