

Mad0000002205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

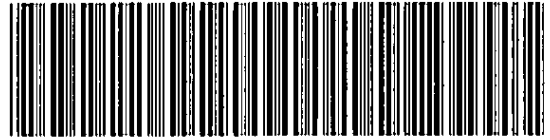
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000340596260

02/19/20---01006---006 **160.00

RECEIVED

FEB 18 2020

FILED

2020 FEB 18 PM 3:10

RECEIVED

T. LEMUEUX

FEB 26 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Mobile Filtration Services LLC

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:

Mike Atkinson

Name of Person

Advanced Mobile Filtration Services LLC

Firm/Company

6300 Ridglea Place, Suite 1011

Address

Fort Worth, Texas 76116

City/State and Zip Code

mike@mmallc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Atkinson

847 921-6599
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:

1. Advanced Mobile Filtration Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 84-3783993
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>6300 Ridglea Place</u> (Street Address of Principal Office)	6. <u>6300 Ridglea Place</u> (Mailing Address)
<u>Suite 1011</u>	<u>Suite 1011</u>
<u>Fort Worth, Texas 76116</u>	<u>Fort Worth, Texas 76116</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Carolyn Patterson

Office Address: 516 59th Street

Holmes Beach, Florida 34217
(City) (Zip code)

Registered agent's acceptance:

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.



(Registered agent's signature)

FILED
2024 FEB 18 PM 3:10
REGISTERED AGENT CLERK

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:**

☒ Manager Name: Mike Atkinson

☒ Member Address: 6300 Ridglea Place

☐ Authorized Suite 1011

Fort Worth, Texas 76116

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Tim Smith

☒ Member Address: 6300 Ridglea Place

☐ Authorized Suite 1011

Fort Worth, Texas 76116

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

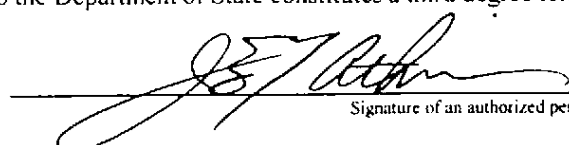
Person _____

☐ 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 authorized person
Mike Atkinson

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "ADVANCED MOBILE
FILTRATION SERVICES LLC", FILED IN THIS OFFICE ON THE TWENTY-
SECOND DAY OF NOVEMBER, A.D. 2019, AT 10:54 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

7606708 8100
SR# 20198937704

Authentication: 204326783
Date: 12-31-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:54 AM 11/22/2019
FILED 10:54 AM 11/22/2019
SR 20198247376 - File Number 7606708

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is ADVANCED MOBILE FILTRATION SERVICES LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls Drive (street), in the City of Wilmington, Zip Code 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporation Service Company

Corporation Service Company, Organizer

By: /s/ Margaret Rosado

Assistant Secretary

Name: Margaret Rosado

Print or Type