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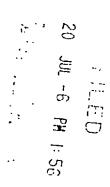
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TO:		ation Section n of Corporations				
ż	.ģ	(Squared) Industrial Services, LLC				
SUBJE				_		
		Name of L	imited Liability Company			
The end Existen	closed "A ice, and cl	pplication by Foreign Limited Liability Comp heck are submitted to register the above refere	pany for Authorization to Transact Business in Floridanced foreign limited liability company to transact bu	a," Certificate of siness in Florida.		
Please	return all	correspondence concerning this matter to the	following:			
		Gretl Pineda				
		Na	ame of Person	_		
	D2 (Squared) Industrial Services, LLC					
		Fi	rm/Company	_		
	2300 Clayton Road, Suite 1050					
			Address			
	Concord, CA 94520					
		City/S	tate and Zip Code	_		
		gretl.pineda@asrcindustrial.com				
		E-mail address: (to be used	for future annual report notification)			
For fur	ther infor	mation concerning this matter, please call:		<u>5</u>		
	Gretl P	rineda	707 558-3919	٠ <u>ـ</u>		
		Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:			Street Address:	77 77		
Registration Section			Registration Section	****		
Division of Corporations			Division of Corporations	 <i>C</i> 1		
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallanassee	Ď		
			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Please	ed is a check for the following amount: make check payable to: FLORIDA DEPAR' 5.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Sta}	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fe	ee, Certificate 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:

D2 (Squared) Industrial						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.	")		
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in F	orida. The s	lternate name must include "Limited	t Liability Com	pany," "L.L.C," or "Ll.C."	
Georgia 2.		3.	26-1182642			
2. (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI nu	(FEI number, if applicable)		
N/A 4.						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty i) iability)			
19010 South Alameda Street 5. (Street Address of Principal Office)			2300 Clayton Road, Suite	1050		
Rancho Dominguez, C.	A 90221	_	Concord, CA 94520			
-					00	
		-		•	ŢŲ.	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	•	6 !!	
	Corporation Service Company			-	2 0	
Name:				-	ा. ८१	
Office Address:	1201 Hays Street				တ	
	Tallahassee		32301 , Florida			
	(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)

manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: F. Dan Thomas Chun Jang □Manager □Manager 19010 South Alameda St. Address: 2300 Clayton Rd., Ste. 1050 Member Address: ☐ Member Rancho Dominguez, CA 90221 Concord, CA 94520 □ Authorized □ Authorized Person Person **∃**Other Secretary President □Other _____ Other 1 □ Other Name: _____ Name: Cindy Bales □Manager □Manager 19010 South Alameda St. 2300 Clayton Rd., Ste. 1050 Address: _ ☐ Member □Member Rancho Dominguez, CA 90221 Concord, CA 94520 □ Authorized ☐ Authorized Person Person ■Other Asst. Secretary Treasurer □ Other □Other____ **■**Other Name: F.D. Thomas, Inc. Name: ____ Manager ☐ Manager 217 Bateman Drive **■**Member ☐ Member Central Point, OR 97502 □ Authorized □ Authorized 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. Nonindexed 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. Chun Jang Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Control Number: 07038297

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

D2(SQUARED) INDUSTRIAL SERVICES, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19231723 Date Inc/Auth/Filed: 05/04/2007 Jurisdiction : Georgia Print Date : 06/30/2020

Form Number 211



Brad Raffensperger

Brad Raffensperger Secretary of State