## M21000007384

(Requestor's Name)					
(Address)					
	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
	Business Entity Name)	-			
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 864173 4321703

AUTHORIZATION : Signelle le la commence de la comme

COST LIMIT : \$ 125.00

ORDER DATE : June 15, 2021

ORDER TIME : 11:0 AM

ORDER NO. : 864173-010

CUSTOMER NO: 4321703

•----

## FOREIGN FILINGS

NAME: TRS-SESCO, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592 -

EXAMINER:

## **COVER LETTER**

 $(e^{i\phi}) = e^{i\phi}$ 

. .

TO: Registration Section

SJECT: _	Nam	e of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F			
se return a	ill correspondence concerning this matter t	to the following:			
	Burton Hong				
	<del></del>	Name of Person			
	TRS-SESCO, LLC				
Firm/Company					
	145 S. State College Blvd., Ste 200				
		Address			
	Brea, CA 92821				
	C	City/State and Zip Code			
	bhong@Coolsys.com				
		e used for future annual report notification)			
further info	ormation concerning this matter, please cal	H:			
Burto	on Hong	714 701-8912			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	ng Address: stration Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	sed is a check for the following amount:				
	e make check payable to: FLORIDA DEP 25.00 Filing Fee				
	Certificate o				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign				
	n Limited Liability Company; must include "Lim	nted Liability	Company," "L.L.C.," or "L.L.C.")	<del></del>
f name unavailable, enter alternate	name adopted for the purpose of transacting business in	n Florida The	dernate name must include "Limited Liabil	ity Company," "L.L.C," or "L.L.C."
Delaware		3.		
(Jurisdiction under the law of	which foreign limited liability company is organized)	٥.	(FEI number,	if applicable)
May 12, 2021				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	r to registration emine penalty	) nability)	<del></del>
145 S. State College		145 S. State College Blvd., Ste 200		
treet Address of Principal Office)	<del></del>	6	(Mailing Address)	<del></del>
Brea, CA 92821			Brea, CA 92821	
		-		
Name and street addre	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> a	cceptable)	202
Name:	Corporation Service Company			
Name: Office Address:	Corporation Service Company  1201 Hays Street			TUCH S M
			 	HJUNIS AH 9:
	1201 Hays Street			1.JU2115 AH 9: 43

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: Anthony Tippins	□Manager	CoolSys Commercial & Industrial Name: Solutions, Inc.
□Member	Address: 145 S. State College Blvd.	■Member	145 S. State College Blvd.
□Authorized	Suite 200	□Authorized	Suite 200
Person	Brea, CA 92821	Person	Brea, CA 92821
■Other		□Other	
□Manager	Name: Burton Hong	□Manager	Name:
□Member	Address: 145 S. State College Blvd.	□Member	Address:
□Authorized	Suite 200	□Authorized	
Person	Brea, CA 92821	Person	
■OtherSecretary	Other	□Other	<del></del>
□Manager	Name: Ed Dunlap	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Suite 200	□Authorized	
Person	Brea, CA 92821	Person	
Treasurer	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. 1 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

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRS-SESCO, 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 FOURTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRS-SESCO, LLC"
WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2020.

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



Authentication: 203443406

Date: 06-14-21