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D	ate: 07	7/19/2021	wil DW
		Acc#I20160000072	an: Cook
Name:	Adams Tank &	Lift, LLC	
Document #:			
Order #:	13793269	<u> </u>	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of: Apostille/Notarial Certification:		ountry of Destination: umber of Certs:	
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Thank you!

COVER LETTER

TO:

Registration Section

Div	ision of Corporations					
SURIFCT:	Adams Tank & Lift, LLC					
SOBJECT.	BJECT:Name of Limited Liability Company					•
The enclosed Existence, a	d "Application by Foreign Li nd check are submitted to reg	mited Liability Company gister the above referenced	for Authoriza d foreign limit	tion to Transact ed liability com	Business in Florida, pany to transact busin	* Certificate of ness in Florida
Please return	all correspondence concern	ing this matter to the follo	owing:			
	Elizabeth Campbell, P	aralegal; Robinson, Brad	shaw			
		Name	of Person	 .	<u> </u>	
	Robinson, Bradshaw,	& Hinson, P.A.				
		Firm/C	Company		 -	•
	101 N. Tryon Street, Suite 1900					
	Address					
	Charlotte, NC 28246					
		City/State	and Zip Code			•
	E-ma	il address: (to be used for	future annual	report notificat	ion)	•
For further i	nformation concerning this n	natter, please call:				
Eli	zabeth Campbell, Paralegal	at	704	377-8170		
	Name of Conta		Area Code	Daytime	Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301			
Ple	elosed is a check for the folloase make check payable to: I \$125.00 Filing Fee	owing amount: FLORIDA DEPARTME \$130.00 Filing Fee & Certificate of Status	\$155.00	FE Filing Fee & ed Copy	S160.00 Filing of Status & Cer	

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:

Unisdiction under the law of which foreign upon filling (Dat (See 4568-131st Avenue North (Street Address of Principal Of Clearwater, FL 33762	r first transacted business in Florida, if prior to reg sections 605,0904 & 605,0905, F.S. to determine	gistration) penalty lie	4568 131st A	venue North (Mailing Address)	_	
4568 131st Avenue North (Street Address of Principal Of		6	4568 131st A	(Mailing Address)	_	
4568 131st Avenue North (Street Address of Principal Of		6	4568 131st A	(Mailing Address)		
·	 					
		_	Cicai water, i	·L 33762 		
	rida registered agent: (P.O. Box)	_ <u>NOT</u> ac	cceptable)			8021 JUL 19
Name:	orporation System South Pine Island Road	<u> </u>				DA 55
Office Address:			 . Floric	33324		8û :

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.

	C T	Corporati	on System
Ву:	1.	n Xana	Tin Song Assistant Secretary
			(Registered agent's signature)

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: SPATCO Holdings, LLC John Force Name: Manager 8303 University Executive Park Dr. 4201 Congress Street, Suite 440 Member | Member Address: Charlotte, NC 28262 Charlotte, NC 28209 X Authorized Authorized Person Person Other____ Other_ Other____ Other Name: _____ Name: _____ Manager | Manager Address: ☐ Member Member Address: _____ ■ Authorized Authorized Person Person Other ____ Other_____ Other Other Name: _____ Manager Manager Name: _____ Manager Address: ____ ☐ Member Member Address: _____ 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. Signature of an authorized person John Force

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ADAMS TANK & LIFT, 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 SIXTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAMS TANK & LIFT, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2021.

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

Authentication: 203690342

Date: 07-16-21

6086579 8300 SR# 20212722233