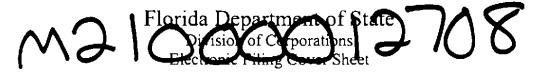
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Division of Corporations



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(((H21000361432 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HILL WARD HENDERSON

Account Number : 072100000520 Phone : (813)221-3900 Fax Number : (813)200-5995

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

Foreign Limited Liability Company Arnett Heating & Cooling, LLC

Certificate of Status	0
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COVER LETTER

U BJEC T: _	RNETT HEATING & COOLING, LLC	
	Name	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florid
ase return al	Il correspondence concerning this matter to	o the following:
	Elizabeth Fabi-Piller	
	-	Name of Person
	Apex Service Partners	
		Firm/Company
	201 E Kennedy Blvd, Ste 3700	
		Address
	Tampa, FL 33602	
	C	ity/State and Zip Code
	LFabi-Piller@apexservicepartners.co	om
	E-mail address: (to be	used for future annual report notification)
further info	rmation concerning this matter, please cal	H:
Elizat	peth Fabi-Piller	813 658-6100 ext 133
	Name of Contact Person	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
Tallal	hassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	sed is a check for the following amount:	
	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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

-				
f isame unavailable, enter alternate i	name adopted for the purpose of transacting business in Fk	onda. The alternate	name must include "Limited Liability Co	ampany," "L.L.C," or "LLC."
DELAWARE			2785862	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if app	(Cable)
N/A				
·	(Date first transacted business in Florida, if prior to (See sections 603 0904 & 603 0905, F.S. to determine	egistration) ne penalty hability	7	
83 Orange St.			E. KENNEDY BLVD, STE	
Street Address of Principal Office)		ь	(Mailing Address)	
St. Augustine, FL 32084		TAMPA. FL 33602		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accept	rable)	38.12
Name:	Elizabeth Fabi-Piller			727
Office Address.	201 E. Kennedy Blvd, Ste 1600		-	:: ا: فط
	Tampa		33602 , Florida	22
	(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.

By: Clizabeth Fabi-Piller
(Registered spent's signature)

Elizabeth Fabi-Piller

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: Title or Capacity: Name and Address: Name and Address: Apex Southeast Regional William Matson Name: Holdco, LLC □ Manager □Manager 201 E. Kennedy Blvd 201 E. Kennedy Blvd **■** Member Address: ☐ Member Address: **Suite 1600** Suite 1600 □ Authorized ■ Authorized Tampa, FL 33602 Tampa, FL 33602 Person Person □ Other____ □ Other____ □Other__ □Other____ Name: _____ Name: _____ □Manager ☐ Manager Address: □Member ☐ Member Address: _____ □ Authorized ☐ Authorized Person Person □Other □ Other □ Other □ Other Name: □Manager Name: Address: Address: □Member □Member □ Authorized □ Authorized Person Person

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.

□Other_____

Other

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)

□Other_____

□Other_____

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.

Will Matson		
	Signature of an authorized person	
William Matson		
	Type 1 or printed name of signee	

Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARNETT HEATING & COOLING, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARNETT HEATING & COOLING, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204259992

Date: 09-27-21

6252441 8300 SR# 20213354076