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## 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: ADVANCED MECHANICAL SERVICES OF CENTRAL FLORIDA, 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.") 59-3018496 **DELAWARE** (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2475 REGENT AVE 2475 REGENT AVE (Mailing Address) (Street Address of Principal Office) ORLANDO, FL 32804 ORLANDO, FL 32804 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) WILLIAM R. LOWMAN, JR. Name: 1000 LEGION PLACE STE 1700 Office Address: 32801 ORLANDO , Florida 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)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: JERRY J. SHARR Name: Name: □Manager Manager 2475 REGENT AVE Address: \_\_\_\_\_ ☐ Member Address: □Member ORLANDO, FL 32804 ☐ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ \_\_\_\_\_\_ Other Name: \_\_\_\_\_ \_ □Manager Name: \_\_\_\_\_ □Manager Address: \_\_\_\_\_\_ □Member Address: \_\_\_\_\_\_\_ □Member ☐ Authorized □ Authorized Person Person  $\square$ Other $\_$ Other\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_\_\_\_ Manager □Manager □Member Address: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ □Member □ 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. 0 WILLIAM R. LOWMAN, JR., AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ADVANCED MECHANICAL SERVICES OF

CENTRAL FLORIDA, 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 SECOND DAY OF

DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED MECHANICAL SERVICES OF CENTRAL FLORIDA, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2021.

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

at corn delaware gov/aut

Authentication: 204847268

Date: 12-02-21