

W22000003575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000027438
01114

Office Use Only



200382035582

FILED

2022 MAR - 2 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 MAR - 2 AM 11:58

TALLAHASSEE, FLORIDA

T. LEMIEUX

MAR 10 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 5212697 7336211

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 1, 2022

ORDER TIME : 8:33 AM

ORDER NO. : 521269-005

CUSTOMER NO: 7336211

FOREIGN FILINGS

NAME: TLS-CES SERVICES III, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2022

CSC

SUBJECT: TLS-CES SERVICES III, LLC
Ref. Number: W22000027438

RESUBMIT
Please give original
submission date as file date.

We have received your document for TLS-CES SERVICES III, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 622A00005261

RECEIVED
2022 MAR -9 AM 11:30
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

TLS-CES Services III, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & 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:*

1. TLS-CES Services III, 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.")
Delaware

2. March 1, 2022 (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

4. 100 Summit Lake Drive (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)
100 Summit Lake Drive

5. Suite 210 (Street Address of Principal Office) 6. Suite 210 (Mailing Address)

Valhalla, New York 10595 Valhalla, New York 10595

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
1201 Hays Street
Office Address: Tallahassee 32301
Florida
(City) (Zip code)

FILED
2022 MAR -9 AM 8:09
TALLAHASSEE, 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.

Corporation Service Company

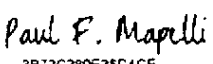
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Consolidated Edison Solutions, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>TL Services, Inc.</u>
<input checked="" type="checkbox"/> Member	Address: <u>100 Summit Lake Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>1101 1st Street SW</u>
<input type="checkbox"/> Authorized	<u>Suite 210</u>	<input type="checkbox"/> Authorized	<u>Ruskin, Florida 33575</u>
Person	<u>Valhalla, NY 10595</u>	Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Mark Glucksman</u>	<input type="checkbox"/> Manager	Name: <u>Terry Looper</u>
<input type="checkbox"/> Member	Address: <u>Consolidated Edison Solutions, Inc.</u>	<input type="checkbox"/> Member	Address: <u>TL Services, Inc.</u>
<input checked="" type="checkbox"/> Authorized	<u>100 Summit Lake Drive, Ste 210</u>	<input checked="" type="checkbox"/> Authorized	<u>1101 1st Street SW</u>
Person	<u>Valhalla, NY 10595</u>	Person	<u>Ruskin, Florida 33575</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Paul F. Mapelli</u>	<input type="checkbox"/> Manager	Name: <u>Rob Hester</u>
<input type="checkbox"/> Member	Address: <u>Consolidated Edison Solutions, Inc.</u>	<input type="checkbox"/> Member	Address: <u>TL Services, Inc.</u>
<input checked="" type="checkbox"/> Authorized	<u>100 Summit Lake Drive, Ste 210</u>	<input checked="" type="checkbox"/> Authorized	<u>1101 1st Street SW</u>
Person	<u>Valhalla, NY 10595</u>	Person	<u>Ruskin, Florida 33575</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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. 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.

DocuSigned by:

 3B72C280E36C4CE... Signature of an authorized person

Paul F. Mapelli

 Typed or printed name of signee

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TLS-CES SERVICES III, 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 FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLS-CES SERVICES III, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2022

CSC

SUBJECT: TLS-CES SERVICES III, LLC
Ref. Number: W22000027438

RESUBMIT
Please give original
submission date as file date.

We have received your document for TLS-CES SERVICES III, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 622A00005261