

M22000003877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

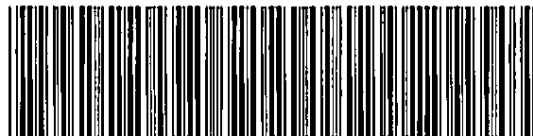
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR 15 AM 11:20

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2022 MAR 15 PM 3:23

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S. FRANKLIN

MAR 16 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 551207 4328337

AUTHORIZATION :

Spurlockman

COST LIMIT : \$ 125.00

ORDER DATE : March 15, 2022

ORDER TIME : 1:16 PM

ORDER NO. : 551207-005

CUSTOMER NO: 4328337

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FOREIGN FILINGS

NAME: AQUAPHOENIX SCIENTIFIC, 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#

EXAMINER: _____

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. AquaPhoenix Scientific, 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.")

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

23-3058449

3. (FEI number, if applicable)

4. 1/01/2022

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

5. 860 Gitts Run Road

(Street Address of Principal Office)

Hanover PA 17331

6. 860 Gitts Run Road

(Mailing Address)

Hanover PA 17331

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: Alexis Wright, assistant vice president

(Registered agent's signature)

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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:**
☒ Manager Name: Franklin N. Lecrone III
☐ Member Address: 860 Gitts Run Road
☐ Authorized Hanover PA 17331
Person
☐ Other ☐ Other

☒ Manager Name: John C Glover
☐ Member Address: 625 Liberty Ave, Suite 2300
☐ Authorized Pittsburgh PA 15222
Person
☐ Other ☐ Other

☒ Manager Name: John Morley
☐ Member Address: 625 Liberty Ave, Suite 2300
☐ Authorized Pittsburgh PA 15222
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Cale Grove
☐ Member Address: 625 Liberty Ave, Suite 2300
☐ Authorized Pittsburgh PA 15222
Person
☐ Other ☐ Other

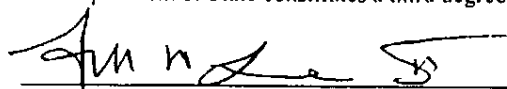
☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ 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. 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

Franklin N. Lecrone III, President

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CLERK OF COURT
JANICE L. HARRIS
CLERK

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/15/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AquaPhoenix Scientific, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Leigh M. Chapman

Acting Secretary of the Commonwealth

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Certification Number: TSC220315121547-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>