

M 2200000 8200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

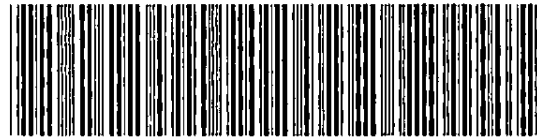
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 24 AM 11:28

MASSACHUSETTS
SECRETARY OF STATE

APPROVED
AND
FILED

2022 MAY 24 AM 10:04

MASSACHUSETTS
SECRETARY OF STATE

MAY 25 2022
K. Brumbley

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

ACCOUNT NO. : I20000000195

REFERENCE : 676044 7157369

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : May 13, 2022

ORDER TIME : 8:54 AM

ORDER NO. : 676044-020

CUSTOMER NO: 7157369

FOREIGN FILINGS

NAME: MEARS ELECTRIC, 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: Eyliena Baker -- 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. Mears Electric, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Mears Electric FL, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 16000 College Blvd
(Street Address of Principal Office)

6. 2800 Post Oak Blvd., Suite 2600
(Mailing Address)

Lenexa, KS 66219

Houston, TX 77056

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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: Eyline Bahar
(Registered agent's signature) Assistant Vice President

APPROVED
AND
FILED
2022 MAY 24 AM 10:04

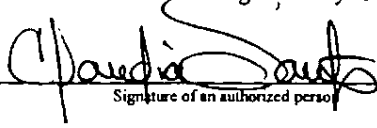
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Mears Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Stephen L. Gude, VP</u>
<input checked="" type="checkbox"/> Member	Address: <u>5051 Westheimer Rd.</u>	<input type="checkbox"/> Member	Address: <u>1606 Eastport Plaza Dr</u>
<input type="checkbox"/> Authorized	<u>Suite 1650</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 110</u>
Person	<u>Houston, TX 77056</u>	Person	<u>Collinsville, IL 62234</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Dorothy C. Upperman</u>	 <input type="checkbox"/> Manager	Name: <u>Claudia G. Santos</u>
<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd.</u>	<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd.</u>
<input checked="" type="checkbox"/> Authorized	<u>Ste 2600</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste 2600</u>
Person	<u>Houston, TX 77056</u>	Person	<u>Houston, TX 77056</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.



 Signature of an authorized person
 Claudia Santos

 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 "MEARS ELECTRIC, 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 MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEARS ELECTRIC, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2022.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6770177 8300

SR# 20222008420

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203435224

Date: 05-16-22