

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****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
Extreme Air & Electric LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$155.00 |

2022 JUL 25 AM 10:01

APPROVED
AND
FILED

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. Extreme Air & Electric LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Extreme Air & Electric Florida 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 88-3127195
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2021 McKinney Avenue, Suite 1200 2021 McKinney Avenue, Suite 1200
(Street Address of Principal Office) (Mailing Address)
Dallas, Texas 75201 Dallas, Texas 75201

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

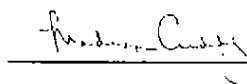
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

 Madonna Cuddihy, Assistant Secretary
(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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|---|
| <input type="checkbox"/> Manager | Name: <u>Cascade Residential Services LLC</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>2021 McKinney Avenue</u> |
| <input type="checkbox"/> Authorized | <u>Suite 1200</u> |
| Person | <u>Dallas, Texas 75201</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <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.

Tyrone Johnson

Signature of an authorized person

Tyrone Johnson - Authorized Person

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person

of Extreme Air & Electric LLC,
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Delaware,
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

Extreme Air & Electric Florida LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)

Tyrone Johnson
Signature Authorized Person
Tyrone Johnson, Authorized Person

07-22-22
Date

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXTREME AIR & 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 TWENTY-SECOND DAY OF JULY, A.D. 2022.

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



6897834 8300

SR# 20223067707

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203990832

Date: 07-22-22