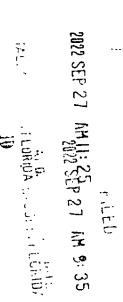
M220001972

(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:

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 974475 4368272

AUTHORIZATION : Open le Ran

COST LIMIT : \$ 125.00

ORDER DATE: September 27, 2022

ORDER TIME : 10:40 AM

ORDER NO. : 974475-005

CUSTOMER NO: 4368272

FOREIGN FILINGS

NAME: WE CARE HEATING & COOLING, 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:

COVER LETTER

Registration Section

TO:

UBJECT:	Name of Limited Liability Company
	ited Liability Company for Authorization to Transact Business in Florida," Certificate ter the above referenced foreign limited liability company to transact business in Florid
ease return all correspondence concerning	g this matter to the following:
Janeen A. Miller	
	Name of Person
Hill Ward Henderson	
	Firm/Company
101 E Kennedy Blvd, S	Ste 3700
	Address
Tampa, FL 33602	
	City/State and Zip Code
Notice@apexservicepar	tners.com
E-mail :	address: (to be used for future annual report notification)
r further information concerning this ma	tter, please call:
Gideon C. Moore	813 658-6100
Name of Contact	
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount: ORIDA DEPARTMENT OF STATE
	0.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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. WE CARE HEATING						
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Con	npany," "E.L.C.," or "LLC.")		
(If name unavailable, enter ulternate	name adopted for the purpose of transacting business in	Florida. The alterna	ate name must include "Limited I	Liability Compan	y," "L.L.C," or	"LI.C ")
Delaware						
2. (Jurisdiction under the law of which foreign limited liability company is organized		3	(FEI nur	nber, if applicable)	_
4						
-	(Date first transacted business in Florida, it prior (See sections 605,0904 & 605,0905, F.S. to deter	lo registration.) mine penalty liabili	ty)			
95 E John Sims Pkwy E			E Kennedy Blvd, Ste	e 1600		
5. (Street Address of Principal Office)		6	(Mailing Address)		·	_
Niceville, FL 32578		Tan	npa, FL 33602	<u> </u>	~	
					122	_
				- Ly	SET	
7. Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Be Corporation Service Company	ox <u>NOT</u> accep	ntable)	Control	27 NM 9:3	ILEU:
Office Address:	1201 Hays Street			ξ	į:	
	Tallahassee		— 32301 , Florida			
	(City)		(Zip code)			
designated in this applica to comply with the provisi	stance: gistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. Corporation Service Company By: (Registered agent)	as registered or and comple	agent and agree to act	in this capa	city. I fur.	ther agre

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: Title or Capacity: Name and Address: Name: William Matson Name: A.J. Brown □Manager □Manager 201 E Kennedy Blvd 201 E Kennedy Blvd □Member Address: □Member Ste 1600 201 E Kennedy Blvd □ Authorized □ Authorized Tampa, FL 33602 201 E Kennedy Blvd Person Person Group CEO Group President □Other_ Other Name: Gideon C. Moore □Manager □Manager Name: ____ Address: ___ □Member □Member Address: 201 E Kennedy Blvd □ Authorized □ Authorized 201 E Kennedy Blvd Person Person ■Other □Other Other □Other □Manager Name: □ Manager Address: □Member 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, 1 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 Gideon C. Moore

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WE CARE HEATING & COOLING, 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-SIXTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WE CARE HEATING & COOLING, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER,

A.D. 2022.

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

Authentication: 204481565

Date: 09-26-22

7048138 8300 SR# 20223620616