

M22000016499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

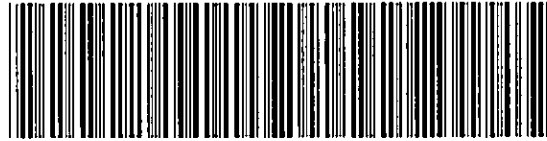
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000396613500

APPROVED
AND
FILED

2022 OCT 27 AM 11:00

2022 OCT 27 AM 11:21

OCT 28 2022
K. Brumley

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

ACCOUNT NO. : I20000000195

REFERENCE : 081319, 7336211

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : October 26, 2022

ORDER TIME : 10:42 AM

ORDER NO. : 081319-005

CUSTOMER NO: 7336211

FOREIGN FILINGS

NAME: TLS-CES SERVICES II, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
X _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TLS-CES Services II, LLC

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:

Vernon Archibald

Name of Person

TLS-CES Services II, LLC

Firm/Company

100 Summit Lake Drive, Suite 210

Address

Valhalla, New York 10585

City/State and Zip Code

ArchibaldV@conedceb.com

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

For further information concerning this matter, please call:

Vernon Archibald

914

491-0935

at ()

Name of Contact Person

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 II, 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. Delaware 3. _____
(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. 100 Summit Lake Drive 6. 100 Summit Lake Drive
(Street Address of Principal Office) (Mailing Address)
Suite 210 Suite 210
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
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2022 OCT 27 AM 11:00
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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: Eyleina Bahor
Assistant Vice President
(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Consolidated Edison Solutions

☒ Member Address: 100 Summit Lake Drive

☐ Authorized Suite 210

Person Valhalla, NY 10595

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: TL Services, Inc.

☒ Member Address: 1101 1st Street SW

☐ Authorized Ruskin, Florida 33575

Person

☐ Other ☐ Other

☐ Manager Name: Mark Glucksman

☐ Member Address: Consolidated Edison Solution

☒ Authorized 100 Summit Lake Drive, Ste 210

Person Valhalla, NY 10595

☐ Other ☐ Other

☐ Manager Name: Terry Looper

☐ Member Address: TL Services, Inc.

☒ Authorized 1101 1st Street SW

Person Ruskin, Florida 33575

☐ Other ☐ Other

☐ Manager Name: Paul F. Mapelli

☐ Member Address: Consolidated Edison Solution

☒ Authorized 100 Summit Lake Drive, Ste 210

Person Valhalla, NY 10595

☐ Other ☐ Other

☐ Manager Name: Rob Hester

☐ Member Address: TL Services, Inc.

☒ Authorized 1101 1st Street SW

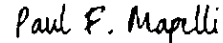
Person Ruskin, Florida 33575

☐ 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.

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 II, 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 OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLS-CES SERVICES II, LLC" WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2018.

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

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

Jeffrey W. Bullock, Secretary of State

7007873 8300

SR# 20223870433

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

Authentication: 204712682

Date: 10-26-22