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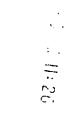


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1201 Hays Stre Tallhassee, FI Phone: 850-558	ų 32301
_ ~	ACCOUNT NO. : 12000000195  REFERENCE : 307949 7995074  AUTHORIZATION : THE BOLE BOLE  COST LIMIT : \$ 125.00
ORDER DATE :	January 5, 2023
ORDER TIME :	4:51 PM
ORDER NO. :	307949-010
CUSTOMER NO:	7995074
NAME:	<u>FOREIGN FILINGS</u> C&W METER SERVICE, LLC
XXXX QUALIFIC	CATION (TYPE: <u>CO</u> )
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING:
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STANDING
CONTACT PERSON	N: Eyliena Baker EXT#
	EXAMINER:

#### COVER LETTER

то:	Registration Section Division of Corporations	;	
emore.	C&W METER SER	VICE, LLC	
SUBJE	k-1:	Name of Limited Liability Company	
		ign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of to register the above referenced foreign limited liability company to transact business in Florida	
Please re	eturn all correspondence co	ncerning this matter to the following:	
	Kristin M. Smyl	do	
		Name of Person	
	Applied Techni	cal Services, LLC	
Firm/Company			
	1049 Triad Cou	pt	
Address			
	Marietta, GA 30	] 1062	
		City/State and Zip Code	
	ksmyklo@atslab	com	
		E-mail address: (to be used for future annual report notification)	
For furth	ner information concerning	this matter, please call:	
	Kristin M. Smyklo	470 451-9911 at ()	
	Name of	Contact Person Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
Registration Section		Registration Section	
	Division of Corporations  Division of Corporations  Division of Corporations  The Corporations		
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314  Tallahassee, FL 32303			
	Enclosed is a check for the Please make check payabl ☐ \$125.00 Filing Fee	following amount: to: FLORIDA DEPARTMENT OF STATE  S130.00 Filing Fee & S155.00 Filing Fee & S160.00 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 (05/102, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. C&W METER SERV	I					
(Name of Foreign	Limited Lia	oility Company, must include "Limited Liability Con	spany," "L.L.C.," or "LLC.")		_	-
(If name unavailable, enter alternate	name adopted	for the purpose of transacting business in Florida. The altern	ate name must include "Limited Liabili	ty Company," "L. I	L.C." ar"	ī.c.")
PENNSYLVANIA		23	-2304526	,		,
(Jurisdiction under the law of which foreign limited liability company is or		mited liability company is organized)	3. (FEI number, if applicable)			<b>-</b>
4						
	(Date fit (See sec	st transacted business in Florida, if prior to registration.) tions 605 0904 & 605 0905, F.S. to determine penalty liabili	(i)	_		
60 PACIFIC DRIVE		60 6.	PACIFIC DRIVE			
(Street Address of Principal Office)	•		(Mailing Address)			-
SUITE 200		SU	TE 200			
QUAKERTOWN, PA	18951	QU	AKERTOWN, PA 18951			
7. Name and street address	ss of Floric	la registered agent: (P.O. Box <u>NOT</u> acce	nable)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2023 JAN -	- - 
Name;	Corpora	ation Service Company	_	•	6	
Office Address:	1201 H	ays Street		<u> </u>	AH 11: 30	t
	Tallaha		32301 , Florida	_	0	
		(City)	(Zip code)			
designated in this applica to comply with the provisi	gistered ag tion, I her ons of all s of my po Corpora	gent and to accept service of process for to the appointment as registered statutes relative to the proper and complesition as registered agent.  Ition Service Company	agent and agree to act in th	iis capacity.	I furti	her agree
	By:	(Registered agent's signature)	) RETTENDEN	_		

8. For initial inde: manage [up to six (	king purposes, li: 6) total]:	t names, title or capacity a	nd addresses of the primary r	members/man.	agers or persons authorized to
Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: BRIAN	WARREN	□Manager	Name:	
□Member	Address: 104	TRIAD COURT	□Member		
□Authorized	MARIETTA.	GA 30062	□Authorized		
Person			Person		
□Other		□Other	□Other		□Other
≣Manager	ROBE	RT KURTZER	□Manager	Name:	
□Member		TRIAD COURT	□Member		
□Authorized	MARIETTA,	ĺ	□Authorized		
Person			To.		
□Other	<del></del>	Other	Other	<del></del>	□Other
■Manager	Name: MIKE :	<b>с</b> отт	□Manager	Name:	
□Member	Address: 60 P	ACIFIC DRIVE	□Member	Address:	
□Authorized	SUITE 200		□Authorized		
Person	QUAKERSTO	WN, PA 18951	Person		
□Other		Other	□Other		□Other
9. Attached is a cert jurisdiction under the franslator mus	may be added to ificate of existen e law of which is it be submitted) s executed in acc	the index when filing your ce, no more than 90 days of is organized. (If the certification ordance with section 605.0 tment of State constitutes a	i. The attachment will be imated. Florida Department of State ld, duly authenticated by the cate is in a foreign language. 1203 (1) (b), Florida Statutes, third degree felony as providure of an authorized person	Annual Repo official having a translation I am aware the ded for in s.81	g custody of records in the of the certificate under oath
	Brian Wa		•		

Typed or printed name of signee

## Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PÖ Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

C & W METER SERVICE, LLC

Request Type:

Subsistence Certificate

007454129

Receipt No.:

Request No.:

000319359

Filing Type:

Domestic Limited Liability

Company

Filing Subtype:

Limited Liability Company

Initial Filing Date: June 18, 1984

Status:

Active

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

C & W METER SERVICE, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

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



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Issuance Date: January 05, 2023

File No.:

0000819145

Leigh M. Chapman

Acting Secretary of the Commonwealth

Feigh M. Chapnon

Verify this certificate online at www.file.dos.pa.gov