Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000207286 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

dkirby@tcoperatingpartners.com Email Address:__

Foreign Limited Liability Company KABRAN AIR CONDITIONING AND HEATING LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Kabran Air Conditionir	ng and Heating LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	rd Liability (Company," "L.L.C.," or "LLC.	")		-
Kabran Air Conditioning	and Heating Florida LLC					
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in E	lorida, I he al	ternate name must înclude "Limited	d Liability Company," "L.1	I.,.C," or "	LLC")
Delaware 2.		3.				
(Jarisdiction under the law of w	hich foreign limited liability company is organized)	۶	(FEI no	umber, if applicable)		•
4						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty h	ability)			
2021 McKinney Avenu 5.		6	2021 McKinney Avenue.	Suite 1200		
5. (Street Address of Principal Office)		٠	(Mailing Address)			-
Dallas, Texas 75201		I	Dallas, Texas 75201			
		_				•
						_
2.11	619 / 1 / 1 / 10 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /					
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo:	C <u>NOT</u> ac	ceptable)	<u>-</u>	202	
	C T Corporation System				دن د	
Name:					Tarif.	•
	1200 South Pine Island Road				တ	
Office Address:		_			<u> </u>	::::
	Plantation		33324			
	(City)		, Florida(Zip code		1	
Don't construct to	•		·			
designated in this applicato comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment o ions of all statutes relative to the propel s of my position as registered agent.	is register	ed agent and agree to ac	et in this capacity.	I furti	ier agree
	C T Corporation System	45	K K	aity Toon, Ass	st. Se	cretary
Đ	By:	. , 0	<u> </u>		🔾	,

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]:

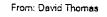
Title or Capacity:	Name and Address:	Title or Capacity	<u>':</u>	Name and Address:
□Manager	Name: Cascade Residential Services LLC	□Manager	Name:	
■Member	Address: 2021 McKinney Avenue	□Member	Address:	
□Authorized	Suite 1200	□Authorized		
Person	Dollas, Texas 75201	Person		
□Other	□Other	□Other	 -	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	-	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. 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.

Typong Johnson.	Signature of an authorized person	
	Signature of all delignings per off	
Tyrone Johnson, Author	ized Person	





Page 1

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

DELAWARE, DO HEREBY CERTIFY "KABRAN AIR CONDITIONING AND HEATING

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 EIGHTH DAY OF JUNE, A.D. 2023.

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

Authentication: 203509357

Date: 06-08-23