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	Registration Section Division of Corporations	
SUBJEC	Keter Environmental Services, LLC	
		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid
Please ret	turn all correspondence concerning this matter t	to the following:
	James Schribert	
		Name of Person
	Keter Environmental Services, LLC	
		Firm/Company
	4 High Ridge Park, Suite 202	
		Address
	Stamford, CT 06905	
		City/State and Zip Code
	Jschri	bert@keteres.com
	E-mail address: (to b	e used for future annual report notification)
For furthe	er information concerning this matter, please ca	sil:
James Schribert		203 213-1187 at ()
•	Name of Contact Person	at ()
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
1	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI S125.00 Filing Fee S130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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: Keter Environmental Services, 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 "L.L.C," or "L.L.C," (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 4 High Ridge Park, Suite 202 4 High Ridge Park, Suite 202 (Mailing Address) (Street Address of Principal Office) Stamford, CT 06905 Stamford, CT 06905 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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.

Showy McGinnes

(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:	Title or Capacity:	Name and Address:
■Manager	Name:	■Manager	Name: Francesco Malagisi
]Member	Address: 4 High Ridge Park, Suite 202	□Member	Address: 4 High Ridge Park, Suite 20
□Authorized	Stamford, CT 06905	□Authorized	Stamford, CT 06905
Person		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
ndexed individuals On Attached is a cert	se an attachment to report more than six (6). To may be added to the index when filing your Fluificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate	orida Department of State duly authenticated by the	Annual Report form. official having custody of records in th

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.

Francesco T. Malagisi Francesco T. Malagisi (Jul 7, 2073 12:34 FDT	
Signature of an authorized person	-
Francesco Malagisi	
 Typed or printed name of signee	

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

DELAWARE, DO HEREBY CERTIFY "KETER ENVIRONMENTAL SERVICES, 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 TWENTIETH DAY OF JUNE, A.D. 2023.

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



Authentication: 203584367

Date: 06-20-23