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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company KEYSTONE TURBINE SERVICES, LLC

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COVER LETTER

(((H23000270516 3)))

TO: Registration Section **Division of Corporations**

SUBJECT: KEYSTONE TURBINE SERVICES, 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:

LOVETTE DOBSON		
	Name of Person	
	Firm/Company	
17350 STATE HWY 2	49 STE 220	
	Address	
HOUSTON, TX 77064	<u> </u>	
	City/State and Zip Code	
EFILE1234@INCFILE. E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter, please of	call:	
LOVETTE DOBSON	at (1) 888-462-3453	
Name of Contact Person	Area Code Daytime Telephone Number	
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	
Enclosed is a check for the following amount:	Tallahassee, FL 32303	
Please make check payable to: FLORIDA DI \$\Bigsireq\$ \$125.00 Filing Fee \$\Bigsireq\$ \$130.00 Filing I	EPARTMENT OF STATE	

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

IN COMPLIANCE WITH SECTION 6/5,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavaitable, enter alternate	name adopted for the purpose of transacting busing	ness in Florida. The alternate name must mekude "Umined Liability Compan-	NUMBER CONTRACTOR
Delaware	which foreign limited liability company is organize	3. IFEE number, if applicable	<u></u>
Durstiction wheet the law of v	нися посяби пинео пявние сошраву и окванисе	0) (Et number, il applicable	? i
·	One hat true whether in a florida in	One to see that the see that th	
	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905; F.S. to	i determine penalty hability)	
885 Fox Chas	se, Suite 111	6. 885 Fox Chase, Suite 1	11
acci Addies in Finespat Offices		(Stating Address)	
Coatesville, P	A 19320	Coatesville, PA 19320	
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O	جين	2023 AUG -9 PM 3: 3
	1150 Nw 72nd Ave	e Tower I Ste 455	-9 P
Office Address:	1100 / 111 / 2110 / 110	11,	. 📆 .
Office Address:		Florida 33126	는 프 의 의
Office Address:		Florida 33126	M 3: 33

8	For minul indexing purposes	districtines, title or capacity	and addresses of the primary	members/managers or persons	authorized to
	sage hip to six (6) total)			,	

		Name and Address:
Name David Mast	_¹Manager	Name Kathleen Macintosh
Address 495 Lake Mirror Rd	% Member	Address. 495 Lake Mirror Rd
Atlanta, GA 30349	DAnthorized	Atlanta, GA 30349
	Person	
Other	:Other	_:Other
Keith Stringer	[[Manager	Name.
Addiess 220 Burgess Dr.	Distember	Address
Suite S2	. Authorized	
Broussard, LA 70518	Person	
Other	⁷ Other	300tei
Name	Dinkamger	Name.
Address	JMember	Addiess
	LiAmborized	
	Person	
Other	[.]()thei	. !Other
	Address 495 Lake Mirror Rd Atlanta. GA 30349 Other Address 220 Burgess Dr. Suite S2	Address 495 Lake Mirror Rd Atlanta, GA 30349 Derson Other Name Keith Stringer Address 220 Burgess Dr. Suite S2 Broussard, LA 70518 Person Other Tother Name Person Tother Thember Tother Thember Thember

Important Notice. (Se an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed ordividuals may be added to the index when filling your Florida Department of State Annual Report form.

10. This document is executed in accordance with section 605,0203 (4) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in \$.84 \cdot 155 \cdot F.S.

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	David	Mast	· ··
	tires of product	name of signific	

^{5.} Mached is a certificate of existence, no more than 20 days old, duly anthemicated by the official having custody of records in the musdiction 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.)

(((H23000270516 3)))



Page 1

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

DELAWARE, DO HEREBY CERTIFY "KEYSTONE TURBINE 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 THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEYSTONE TURBINE SERVICES, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2011.

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

at corp. delawate gov/auti

Authentication: 203888919

Date: 08-03-23

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