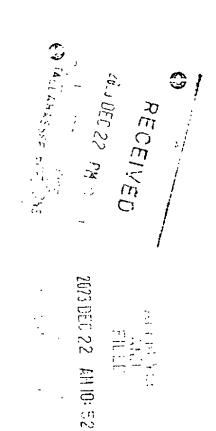
## M24000000010

(Req	uestor's Name)	
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(City,	/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)	
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Cenified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
W23-169°	843	





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K. Brumbley



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2023

CSC

Please give original submission date as file date.

SUBJECT: SERVICE EXPERTS ISSUER 2021-1 LLC

Ref. Number: W23000169843

We have received your document for SERVICE EXPERTS ISSUER 2021-1 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the full business name for the member in section 8.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 023A00029324

2023 UEC 28 PM 3: 17

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 226079 7940711

AUTHORIZATION :

COST LIMIT : \$-125.00 Clad

ORDER DATE: December 22, 2023

ORDER TIME : 1:08 PM

ORDER NO. : 226079-015

CUSTOMER NO: 7940711

#### FOREIGN FILINGS

NAME: SERVICE EXPERTS ISSUER

2021-1 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## 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: Service Experts Issuer 2021-1 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.") 87-2992834 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1840 N. Greenville Avenue 1840 N. Greenville Avenue (Street Address of Principal Office) (Mailing Address) Suite 128 Suite 128 Richardson, TX 75081 Richardson, TX 75081 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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:

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: Advantage Program Funding LLC	≣Manager	Name: Robert I. Comstock, Jr.
■Member	Address: 1840 N. Greenville Ave	□Member	Address:
□Authorized	Suite 128	□Authorized	Suite 128
Person	Richardson, TX 75081	Person	Richardson, TX 75081
□Other	Other	□Other	Other
■ Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: 1840 N. Greenville Ave
□Authorized	Suite 128	■Authorized	Suite 128
Person	Richardson, TX 75081	Person	Richardson, TX 75081
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u> </u>
Person		Person	
□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.

and Morris

Signature of an authorized person

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SERVICE EXPERTS ISSUER 2021-1 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVICE EXPERTS ISSUER 2021-1 LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF-SEPTEMBER, A.D. 2021.

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

6272514 8300

SR# 20233858818

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

Jettrey W. Butloce, Secretary of State

Authentication: 204488797

Date: 10-31-23