M24000003642

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(Business Entity Name)
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W24-40001

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March 15, 2024

CSC

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RESUBMIT

Please give original submission date as file date.

Letter Number: 024A00005626

SUBJECT: SARENS NUCLEAR & INDUSTRIAL SERVICES, LLC

Ref. Number: W24000040001

We have received your document for SARENS NUCLEAR & INDUSTRIAL SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The form you have filled out is for a Corporation but you entity is an LLC. Please fill out the Foreign LLC application and ensure that it is signed in all required

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: 024A00005626

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/22/24 Order #: 1444824-1

Re: Sarens Nuclear & Industrial Services, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I2000000195 Certificate of Goog tanding from State of Incorporation

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

то:		ration Section on of Corporations					
SUBJE		arens Nuclear & Industrial Services, Ll	LC				
SOBJE	··· _	Name of Limited Liability Company					
		Application by Foreign Limited Liability C theck are submitted to register the above r					
Please re	eturn all	correspondence concerning this matter to	the following:				
		Brenda Pillard					
	Name of Person						
Sarens Nuclear & Industrial Services, LLC Firm/Company PO Box 143							
						Horicon, WI 53032 City/State and Zip Code	
		ap.nuclear@sarens.com					
		E-mail address: (to be	used for future annual	report notif	ication)		
For furth	ner infor	mation concerning this matter, please call	:				
Damien Mudd			772 at (205-805	6		
		Name of Contact Person	Area Code	Daytii	ne Telephone Number		
	Mailing Address:		Street Address:				
Registration Section		_	Registration Section				
Division of Corporations			Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee				
			2415 N. Monroe Street, Suite 810				
			Tallahassee, F	L 32303			
	Please	ed is a check for the following amount: make check payable to: FLORIDA DEP 5.00 Filing Fee	& 🗆 \$155.00 Fil		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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:

Texas 85-1284346 3.	(Name of Foreign	Limited Liability Company: must include "Limited l	Chabitity Company, L.E.C., or LLC.)	
(Due flos transacted business in Florida. If prior to registration.) (See sections 605.0904 & 605.0905 F.S. to determine penalty flability) NW 84th Street (Address of Principal Office) Medley, FL 33166 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Name: 1201 Hays Street Tallahassee (City) (City) (City) (City) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (Mailing Address) (City) (City	name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabilit	y Company," "L.L.C," or "L1.C
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905 F.S. to determine penalty liability) NW 84th Street (Address of Principal Office) Medley, FL 33166 (Corporation Service Company Name: Corporation Service Company Corporation Service Company				
(Dute first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0903, F.S. to determine penalty liability) NW 84th Street 6. PO Box 143 6. (Mailing Address) Medley, FL 33166 Horicon, WI 53032 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Tallahassee 1201 Hays Street Tallahassee (City) Tallahassee (City) Tallahassee Tallah	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if	applicable)
NW 84th Street PO Box 143 (Mailing Address)	8/1/2023			
Medley, FL 33166 Horicon, WI 53032 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Tallahassee Tallahassee Tallahassee Total City: Tot		(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) : penalty liability)	_
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Tallahassee Tallahassee Total Address: Tallahassee Tallahassee Total Address of Florida agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar discept the obligations of my position as registered agent.	NW 84th Street		PO Box 143	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Tallahassee Tallahassee Tallahassee Totica agent's acceptance: Totica agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further accept the obligations of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.	cet Address of Principal Office)		(Mailing Address)	
Corporation Service Company Name: 1201 Hays Street 1201 Hays Str	Medley, FL 33166		Horicon, WI 53032	
Office Address: Tallahassee (City) (City) Tallahassee (City) (Ci	Name:	Corporation Service Company		
Tallahassee (City) (Zip code)	Office Address:	1201 Hays Street		
egistered agent's acceptance: The symbol of two decimals and the service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar daccept the obligations of my position as registered agent.		Tallahassee		ස
aving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familianed accept the obligations of my position as registered agent.		(City)		_
Corporation Service Company	aving been named as re	gistered agent and to accept service of pr tion, I hereby accept the appointment as t	registered agent and agree to act in th	his capacity. I further
By: (Registered agent's signature)	comply with the provisi		na complete per formance of my anice	

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: Name: Carl Sarens Wim Sarens **■**Manager ■ Manager Autoweg 10, 1861 Meise Autoweg 10, 1861 Meise Address: □Member Address: ■ Member Wolvertem 1861 BE Wolvertem 1861 BE □ Authorized ☐ Authorized Person Person Other ____ Other □Other □Other Name: Lee Rowe Bogdan Gaita ■ Manager Manager 10855 John Ralston Rd 10855 John Ralston Rd ☐ Member ☐ Member Houston, TX 77044 Houston, TX 77044 ☐ Authorized ☐ Authorized Person Person Other____ Other _____ Other____ □Other_____ Name: Martijn Dekijndt □Manager ■ Manager 10855 John Ralston Rd Address: _ □Member □Member Address: Houston, TX 77044 □ 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. Nonindexed 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. Signature of an authorized person

Typed or printed name of signee

CSC QUAL-28753

Bogdan Gaita

Corporations Section . P.O.Box 13697 Austin. Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SARENS NUCLEAR & INDUSTRIAL SERVICES, LLC (file number 803609608), a Domestic Limited Liability Company (LLC), was filed in this office on May 04, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 07, 2024.



gave Helson

Jane Nelson Secretary of State