

10/22/24, 6:33 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC
 Account Number : I20120000007
 Phone : (702)866-2500
 Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

**Foreign Limited Liability Company
 ADVANCED CLIMATE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 22 2024

K Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED CLIMATE SOLUTIONS 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.

Wendy Helley

Name of Person

InCorp Services, Inc.

Firm/Company

9107 W Russell Rd, Ste 100

Address

Las Vegas, NV 89148

City/State and Zip Code

managedreports@incorp.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Wendy Helley for InCorp Services, Inc.

702

866-2500

st (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

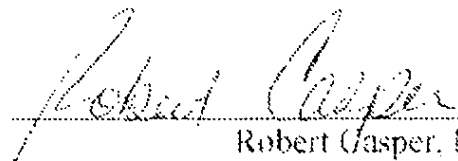
☐ \$125.00 Filing Fee ☐ \$139.00 Filing Fee & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

Florida Department of State
Registration Section
Division of Corporations

Advanced Climate Solutions LLC

I, Robert Casper, Member/Vice President of Advanced Climate Solutions LLC, have no intentions of reopening the Dissolved entity (L15000089501) and release the name for use for a new foreign LLC in the same name. The above entity was filed as a Domestic LLC instead of a Foreign LLC.

03/25/2024


Robert Casper, Member

2024 OCT 22 10:37

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 ADVANCED CLIMATE SOLUTIONS LLC

(Name of foreign limited liability company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2 Illinois

(This state is under the law of which foreign limited liability company is organized)

3

(FEI number, if applicable)

4 Upon Registration

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0041 & 605.0045, F.S. to determine periodic liability.)

5 930 Hub Court

(Street Address of Principal Office)

6 930 Hub Court

(Mailing Address)

Crown Point, IN 46307

Crown Point, IN 46307

7 Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee

(City)

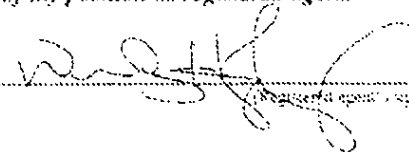
, Florida

32312

(Zip code)

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.



Wendy Hefley on behalf of InCorp Services, Inc.

(Registered agent's signature)

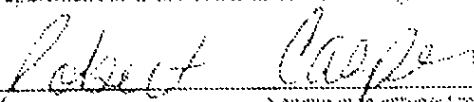
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert Casper	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 930 Hub Court	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Crown Point, IN 46307	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Orion Group HVAC Holding LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 930 Hub Court	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Crown Point, IN 46307	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.)

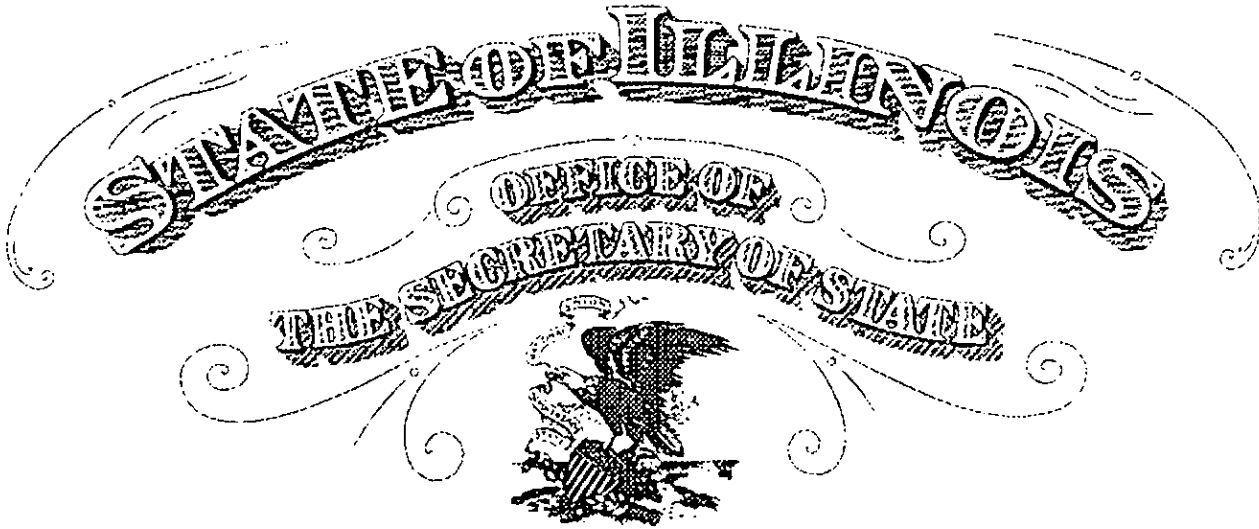
10. This document is executed in accordance with section 605.0203 (1) (b) Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.



 Signature of the authorized person
 Robert Casper

 Typed or printed name of signer

File Number 0339625-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVANCED CLIMATE SOLUTIONS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 21, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 9TH
day of SEPTEMBER A.D. 2024 .

