

Filing Fee: \$150.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:  
CMS MECHANICAL SERVICES, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:  
\_\_\_\_\_

3. The limited liability company is organized under the laws of FLORIDA

4. The date of its organization is 11/06/2002

5. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL

6. The address of the limited liability company's resident agent in Rhode Island is:  
222 JEFFERSON BLVD, SUITE 200 WARICK, RI 02888  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is NATIONAL REGISTERED AGENTS, INC.  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:  
N/A

9. The mailing address for the limited liability company is:  
445 WEST DRIVE, SUITE 101  
MELBOURNE, FL 32904

**FILED**

JAN 31 2012

1052

BY [Signature] 1/6/2012

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10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. (If you have checked this box, go to item no. 11.)

or

B. The limited liability company is to be managed  by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

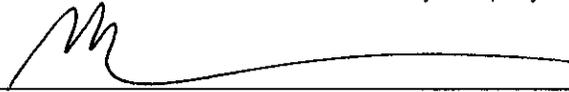
| Manager     | Address  |
|-------------|--|
| ROBERT BULL | 445 WEST DRIVE, SUITE 101<br>MELBOURNE, FL 32904 |
|             |  |
|             |  |
|             |  |
|             |  |

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 01/25/2012

CMS MECHANICAL SERVICES, LLC  
Print Exact Name of Limited Liability Company Making Application

By   
Signature of authorized person

# *State of Florida*

## *Department of State*

I certify from the records of this office that CMS MECHANICAL SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 6, 2002.

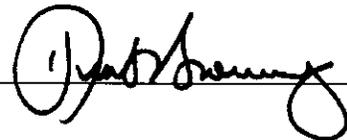
The document number of this limited liability company is L02000029614.

I further certify that said limited liability company has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on March 17, 2011, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

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*Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Eighth day of October, 2011*



*Secretary of State*



Authentication ID: 500213779945-102811-L02000029614

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>