

F25000001063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

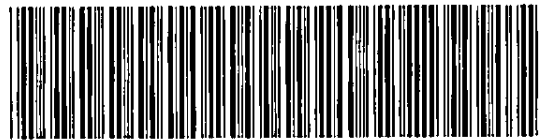
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2025 FEB 21 PM 3:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 FEB 21 AM 9:59



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 02/21/25
Order #: 1828310-3
Re: Decco, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'Please take the following action' section.

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

TO: Registration Section
Division of Corporations

SUBJECT: DECCO, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Leticia Mendoza

Name of Person

Comfort Systems USA, Inc.

Firm/Company

675 Bering Drive, Suite 400

Address

Houston, TX 77057

City/State and Zip code

Leticia.Mendoza@comfortsystemsusa.com

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

For further information concerning this matter, please call:

Cameron Fabrizio

at (713) 830-9684

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DECCO, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/03/1999 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1900 Southwood Dr., Nashua, NH 03063
(Principal office street address)

(Current mailing address, if different)

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


Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 FEB 21 AM 9:59

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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: 
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS:

☐ Chairman Name: Kyle Reagan
☐ Vice Chairman Address: 1900 Southwood Dr.
☐ Director Nashua, NH 03063
☒ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Donald Marsolini
☐ Vice Chairman Address: 1900 Southwood Dr.
☐ Director Nashua, NH 03063
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

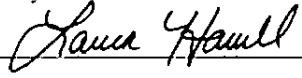
☐ Chairman Name: Laura Howell
☐ Vice Chairman Address: 675 Bering Drive, Suite 400
☒ Director Houston, TX 77057
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name: William George
☐ Vice Chairman Address: 675 Bering Drive, Suite 400
☐ Director Houston, TX 77057
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name: Byran Farris
☐ Vice Chairman Address: 675 Bering Drive, Suite 400
☐ Director Houston, TX 77057
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Treasurer ☐ Other _____

☐ Chairman Name: Jay Burgess
☐ Vice Chairman Address: 675 Bering Drive, Suite 400
☐ Director Houston, TX 77057
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Treasurer ☐ 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.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Laura Howell, Vice President
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

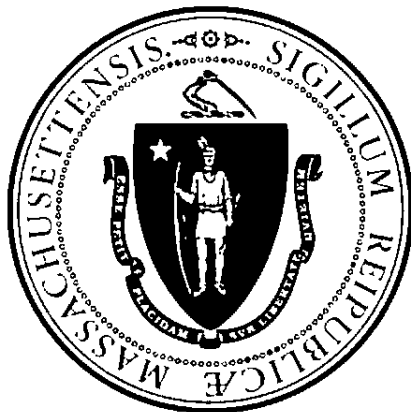
The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: February 20, 2025

To Whom It May Concern :

I hereby certify that according to the records of this office,
DECCO, INC.

is a domestic corporation organized on **May 03, 1999** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as
appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 25020320220

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: ssc