M23000014117

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
•		,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600418155846

10/30/23--01039--014 **125.00

2023 OCT 30 PH 4: 12



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00 Filing Fec for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

\$ 5.00 Certificate of Status (optional) Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

CR2E027 (1/19)

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	SLS 4 Hire LLC	
	1	Name of Limited Liability Company
	, and the design of the automated to register the automated to red	ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please i	return all correspondence concerning this mat	ter to the following:
	Samuel Shook	
		Name of Person
	SLS 4 Hire LLC	
	***************************************	Firm/Company
	1780 Brooksfield Rd	
		Address
	Blacksburg, VA 24060	
		City/State and Zip Code
	sam.shook@solarroofair.com	
	E-mail address: (to	be used for future annual report notification)
or furth	er information concerning this matter, please	call:
	Samuel Shook	330 340-5099 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
:	Mailing Address: Registration Section	Street Address:
	Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303
Ŧ	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	EPARTMENT OF STATE
	\$125.00 Filing Fee \$130.00 Filing F Certificate	

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

IN COMPILANCE 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:

SLS 4 Hire LLC								
(Name of Fore	ign Limited Liability Company, must include "Limite	d Lizbil	ity Company," "L.L.C.," or "LLC."	 -	 ,			
(If name unavailable, enter alterna	ate name adopted for the purpose of transacting business in F	lands Th	C Biletrate mana grown in shirt 47 (min 44)					
Virginia	. ,			niity Company	," "LLC," c	or "LLC.")		
		3	93-2590937					
(Jurisdiction under the law of which foreign hirated liability company is organized)			(FEI number, if applicable)					
August 7, 2023								
4	(D	_						
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registratio ne penalty	na.) / Itability)					
1780 Brooksfield Rd			1780 Brooksfield Rd					
(Street Address of Principal Office)	6.	(Marting Address)			_		
Blacksburg, VA 2406	so.		- ,					
Discussing, VA 2400			Blacksburg, VA 24060					
					-	_		
					- <u>-</u> -	_		
Name and street address	ess of Florida registered agent: (P.O. Box	NOT a	occeptable)		k023 OC			
					001			
	Joe Rinicella				$\overline{\omega}$	÷		
Name:				<i>j</i> •	0			
	1620 21st Ave N				7	1 1 5		
Office Address:				•	<u></u>	"		
	Saint Petersburg			٠.				
			33713 , Florida		2			
	(City)		(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.

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Samuel Shook ■Manager □Manager Name: Address: 1780 Brooksfield Rd ☐ Member □Mcmber | Address: Blacksburg, VA 24060 ☐ Authorized ☐ Authorized Person Person Other____ □ Other_____ □Other___ Other____ □Manager Name: □ Manager Name: □Member Address: □Member Address: □ Authorized □ Authorized Person Person Other □Other_____ ☐Other___ Other___ □ Manager Name: Name: _____ □Manager □Member Address: ☐ Member Address: ☐ 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. amy Miso Samuel L Shook IV

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That SLS 4 Hire LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on July 27, 2023; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 25, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023102519400260

1. .

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 11573324 Filing Number: 2310256440828 Filing Date/Time: 10/25/2023 01:26 PM Effective Date/Time: 10/25/2023 01:26 PM

Certificate of	Fact of	Existence f	or VA	and F	oreign	LLC
----------------	---------	-------------	-------	-------	--------	-----

Entity Information

Entity Name:

SLS 4 Hire LLC

Entity Type: Limited Liability Company