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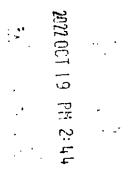
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S. ROBERTS 0CT 19 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ROHN ENTERPRISES LLC		
Name of corporat	ion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation to "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the	
Please return all correspondence concerning this ma	tter to the following:	
DANIEL ROHN		
Name	of Person	
ROHN ENTERPRISES LLC		
Firm/C	Company	
16742 PARKSIDE DR S		
Ac	Idress	
COMMERCE CITY, CO 80022		
City/Stat	e and Zip code	
DANIEL@UNIVERSALRESTORATION.CO		
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, please	se call:	
DANIEL ROHN at (720) 355-8623	
Name of Person Area C	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 DEPARTME \$70.00 Filing Fee	INT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(If name unavail	ible in Florida, enter alternate corporate name ac	dopted for the purpose of transacting bus	siness in Flor	ida)
COLORADO	<u> </u>	32-3213603		
(State or countr 10/26/2017	y under the law of which it is incorporated) 5.	(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
		pi i i i i i i i i i i i i i i i i i i		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
16742 PARKSID	E DR S, COMMERCE CITY, CO 80022			
	· · · · · · · · · · · · · · · · · · ·	: street address)	· - · · ·	
			<u> </u>	
	(Current mailing	address, if different)		
Numa and atra				
Name and street	et address of Florida registered agent: (P.O.			702
Name and street	et address of Florida registered agent: (P.O. SUZANNE WILSON		7.00	2 022 OC
	et address of Florida registered agent: (P.O.		: 0	2022 OCT 1
Name:	et address of Florida registered agent: (P.O. SUZANNE WILSON	Box NOT acceptable)		<u>,</u>
Name:	et address of Florida registered agent: (P.O. SUZANNE WILSON 226 NE 10TH PL	Box <u>NOT</u> acceptable)		

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.

.A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	COMMERCE CITY, CO 80022	Director		
■ President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	∐Chaiπnan	Name:	<u> </u>
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		·
□President		President		
□Vice President		□Vice President		
☐ Secretary	□ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□ Chairman	Name:	Chairman	Name:	<u></u>
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
Other	□Other	Other		Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Depo	artment of State Annual Re		purposes only. Non-indexed
1-1 — —	7 Signature of Direct	etor or Officer		
she is aware that for s.817.155, F.S.	ctor signing this document (and who is listed in no alse information submitted in a document to the D			

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Rohn Enterprises LLC

is a

Limited Liability Company

formed or registered on 10/26/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171807999.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/10/2022 that have been posted, and by documents delivered to this office electronically through 10/17/2022 @ 12:15:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/17/2022 @ 12:15:06 in accordance with applicable law. This certificate is assigned Confirmation Number 14392143



Secretary of State of the State of Colorado

**************End of Certificate*******

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."