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 : C T CORPORATION SYSTEM

Account Number : FCA000000023

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Phone Fax Number

: (850)878-5368

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

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| | _ | | | |

Foreign Limited Liability Company VELUX America LLC

| Certificate of Status | 0 |
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COVER LETTER

| TO: | Registration Section Division of Corporation | ns | | | | |
|--------------------|--|--|--|--|--|--------------------------------|
| SUBJE | CT: VELUX America L | LC | | | | |
| | | | Limited Liability | Company | | • |
| The en- Existen | closed "Application by For ice, and check are submitted | eign Limited Liability Com d to register the above refer | pany for Authoriza enced foreign limi | tion to Tra ted liabilit | ansact Business in Florida,' y company to trunsact busin | Certificate of ness in Florida |
| Please | return all correspondence of | concerning this matter to the | following: | | | |
| | | | lame of Person | | | |
| | | n | irm/Company | | | |
| | | | Into Company | | | |
| | | | Address | | | |
| | <u> </u> | City/S | State and Zip Code | | | |
| | christy.rodgers@ | velux.com | | | | |
| For furt | her information concerning | E-mail address; (to be use g this matter, please call: | d for future annual | report not | (Reation) | |
| | | | at (| _) | | |
| | Name o | f Contact Person | at (Area Code | Day | time Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exc | r ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301 | |
| Enclose | ed is a check for the follow \$125.00 Filing Fee | ing amount: \$\frac{\partial}{\partial}\$ \$130.00 Filing Fee & Certificate of Status | □ \$155,00 Filir Certified Copy | ig Fee & | ☐ \$160.00 Filing Fee, Cof Status & Certified Cop | |

4/20/2016 4:25:21 PM From: To: 8506176383(3/4)

William D. Huber

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA-

| (Name of For | eign Limited Liubility Company; mu | ust inch | ade "Limited Li | ability Company," "L.L.C.," or | r "LLC.") | _ |
|--|--|---------------------|--|---|--|---------------------|
| (If name unavailable, enter a Liability Company," "L.L.C, | Itemate name adopted for the purpose," or "LLC.") | sc of tra | insacting busine | ss in Florida. The alternate na | me must include "Li | mited |
| Massachusetts (Jurisdiction under the law company is organized) | of which foreign limited liability | 3. | 04-2559488 | (FEI number, if applicable | :) | _ |
| 4. Upon Qualification | | | | | | |
| | (Date first transacted busin (See sections 605.0904 & 605 | ess in F 5.0905, | lorida, if prior t F.S. to determin | o registration.) ne penulty liability) | | |
| 5. 450 Old Brickyard Ros | ad, Greenwood, SC 29649 | | | | 2016 APR 20 RALLAHASS | an mark Ni Jing San |
| | | | | | 写写 | |
| | (Street Address of | Princip | al Office) | | - # 2 | |
| 6. PO Box 5001, Greenwe | ood, SC 29648-5001 | | | | SSE O | m |
| | | | | | ma s | |
| | (Mailing | Addres | (s) | | - G | واب |
| 7 Name and street address | ss of Florida registered agent: (P | | | tahle) | 캠리 : | ٥ |
| | | .О. ре | v Hot decep | 180.0) | 3.7 | |
| Name: | C T Corporation System | | | _ | | |
| Office Address; | 1200 South Pine Island Road | | | | | |
| | Plantation | | | , Florida <u>33324</u> | | |
| Registered agent's accep | (City) | | | (Zip code) | | |
| Having been named as re designated in this applica to complywith the provision | rgistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. By: Nathan Giffe | tment prope | as registered t r and complet | ngent and agree to act in the e performance of my duties | ils capacity. I furi s, and I am famili | her agree |
| | € CREgis | tered ag | gent's signature) |) | | |
| 8. The name, title or capa | acity and address of the person(s) |) who l | nas/have autho | rity to manage is/are: | | |
| TVC Holdings LLC, 450 | Old Brickyard Road, Greenwoo | d, SC | 29648-500 L _. M | lember | | |
| | | | • | | | |
| | | | | | | |
| | of existence, no more than 90 da of which it is organized. (If the c abmitted) | | | | | |
| | Signature | ofana | uthorized perso | n | | |
| | l in accordance with section 605.0 the Department of State constitu | | | | | I |

Typed or printed name of signee



Commonwealth

Gommonwealth of Massacrum Secretary of the Commonwealth State House, Boston, Massachusetts 02/83 The Commonwealth of Massachusetts

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

VELUX AMERICA LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 16, 2015.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are; WILLIAM D. HUBER

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JORGEN TANG-JENSEN, PATRICK W. MCKENZIE



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

lian Tranino Galecin