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COVER LETTER

₹ Division of Co	•	Λ	
SUBJECT:	Global Re	sources Dire	ect
		of Limited Liability Company	
			ansact Business in Florida," Certificate y company to transact business in Flor
Please return all corresp	ondence concerning this matter to the	he following:	
	John	Massengill Name of Person	
	-	Name of Person	
	Building En	velope Associa	Hes
		Firm/Company	·
	102 NE 201	Street, Sni	le 278
		Address	
	Boca Raton City	FL 33432	2
	Čity	/State and Zip Code	
	Johnefl	LBEA. Com sed for future annual report no	
	E-mail address: (to be us	sed for future annual report no	tification)
For further information of	concerning this matter, please call:		
John	Masseng: 11	_at (561) 96	2-1085
	Name of Contact Person	Area Code Da	ytime Telephone Number
MAILING AD			Γ ADDRESS:
Division of Cor Registration Se		Division of Corporations Registration Section	
P.O. Box 6327		Clifton Building	
Tallahassee, Fl.	. 32314		ecutive Center Circle see, F1, 32301
Enclosed is a check for t			
5-\$ 125.00 Fili	ng Fee ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy

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 TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA; Resources Direct, (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") of which foreign limited liability company is organized) Date first transacted business in Florida, if prior to registration.) See sections 605 0904 & 605 0905, F.S. to determine penalty liability. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) asse~9." Name: Office Address: 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 flatutes 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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: (Use attachments if necessary) 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 constants a third degree felony as provided for in s.817.155. F.S.

File Number

0591453-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GLOBAL RESOURCES DIRECT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of SEPTEMBER A.D. 2018 .

Authentication #: 1826002282 verifiable until 09/17/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE