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SEP 11 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2019

JOE COBB
1680 INDUSTRIAL PKWY SOUTH
BRUNSWICK, OH 44212

SUBJECT: ROOF ASSET MANAGEMENT, U.S.A., LTD., LLC
Ref. Number: W19000079182

We have received your document for ROOF ASSET MANAGEMENT, U.S.A., LTD., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

REMOVE "LLC" FROM LINE #1. ON ALTERNATE NAME LINE, PLACE THE NAME EXACTLY HOW IT IS ON THE CERTIFICATE OF EXISTENCE, ALONG WITH AN LLC SUFFIX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 719A00017729

RECEIVED
SEP - 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roof Asset Management , U.S.A., LTD., LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joe Cobb/VP of Operations

Name of Person

Roof Asset Management USA

Firm/Company

1680 Industrial Parkway0South

Address

Brunswick, OH 44212

City/State and Zip Code

jcobb@ram-usa.com

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

For further information concerning this matter, please call:

Jeffrey L. Cacioppo

Name of Contact Person

216

Area Code

393-7663

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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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 BUSINESS IN THE STATE OF FLORIDA:

1. Roof Asset Management, U.S.A., LTD.,
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Roof Asset Management, U.S.A., LTD., LLC
(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.")

2. Ohio 3. 27-0453915
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1680 Industrial Parkway-South 6. 1680 Industrial Parkway-South
(Street Address of Principal Office) (Mailing Address)
Brunswick, OH 44212 Brunswick, OH 44212

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

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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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.

Patricia Sillyman Patricia Sillyman on behalf of InCorp Services, Inc.
(Registered agent's signature)

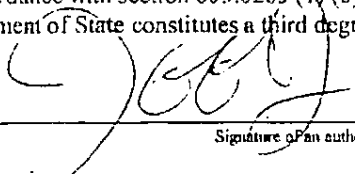
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Jeffrey L. Cacioppo		<input type="checkbox"/> Manager	Name:	Joe Cobb	
<input type="checkbox"/> Member	Address:	1680 Industrial Parkway-South		<input type="checkbox"/> Member	Address:	1680 Industrial Parkway-South	
<input checked="" type="checkbox"/> Authorized		Brunswick, OH 44212		<input checked="" type="checkbox"/> Authorized		Brunswick, OH 44212	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Michael Snyder		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	680 Industrial Parkway-South		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Brunswick, OH 44212		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

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.



Signature of an authorized person
Joe Cobb/VP of Operations

Typed or printed name of signer

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody ~~of the records of Ohio and Foreign business entities; that said records show~~ ROOF ASSET MANAGEMENT, U.S.A., LTD., an Ohio For Profit Limited Liability Company, Registration Number 1866410, was organized within the State of Ohio on June 26, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of July, A.D. 2019.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201918303390