

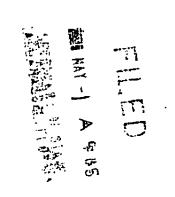
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	WAIT	MAIL
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HAY 0 5 [53]

COVER LETTER

TO:

Registration Section

DIV	ision of Corporations						
SUBJECT:	Roos Brothers LLC						
SOLULE I.	Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida					
Please return	all correspondence concerning this matter to	o the following:					
	Logan Roos						
		Name of Person					
	Roos Brothers LLC						
		Firm/Company					
	811 Pizarro Street						
		Address					
	Coral Gables, Florida 33134						
	C	ity/State and Zip Code					
	les@lesroos.com						
	E-mail address: (to be	used for future annual report notification)					
For further in	nformation concerning this matter, please cal	É:					
Les	s Roos	303 916-7145					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
	iling Address: gistration Section	Street Address: Registration Section					
	vision of Corporations	Division of Corporations					
P.C	D. Box 6327	The Centre of Tallahassee					
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate					



April 13, 2020

LOGAN ROOS 811 PIZARRO ST CORAL GABLES, FL 33134

SUBJECT: ROOS BROTHERS LLC Ref. Number: W20000036750

We have received your document for ROOS BROTHERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 420A00007774

RECEIVED

MAY 0 1 2020

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavariable, enter alternate	name adopted for the purpose of transacting bus	iness in Florida. The a	thermate name must include "Limited Liability Company," "L.L.C."	or "1.1,0"
Colorado				
Ouridiction under the low of v	hich foreign himsted hability company is organi	3.	(FE) number, (fapplicable)	
01.15.20				
	(Date first transacted business in Florida,	of prior to registration.	}	
144 D' O	(See sections 605,0904 & 605 0905, F.S.	to determine penalty l	iabelity)	
311 Pizarro Street		6.	811 Pizarro Street	
Address of Principal Office)		·	(Mailing Address)	
Coral Gables, Florida	a 33134	(Coral Gables, Florida 33134	
Name and street addre	ss of Florida registered agent: (P.	O. Box <u>NOT</u> a	cceptable)	
	ss of Florida registered agent: (P. Logan Roos	O. Box <u>NOT</u> a	cceptable)	T ====================================
Name and street addre Name: Office Address:		O. Box <u>NOT</u> a		
Name:	Logan Roos 811 Pizarro Street Coral Gables	O. Box <u>NOT</u> a	cceptable) 33134 Florida	
Name:	Logan Roos 811 Pizarro Street Coral Gables	O. Box <u>NOT</u> a	33134 A	

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: Title or Capacity: Name and Address: Name and Address: Joshua Roos Name: Name: ____ □Manager ☐ Manager 13598 Via Varra, Unit 204 **■**Member Address: ☐ Member Address: Broomfield, CO 80020 □ Authorized □ Authorized Person Person Other___ □Other □Other □Other Landon Roos Name: ■ Manager Name: _____ 1060 Brickell Avenue ■ Member Address: □Member Address: Apt. 409 □ Authorized ☐ Authorized Miami, Florida 33131 Person Person □Other □Other____ □Other □Other_____ ☐Manager ☐ Member ☐ Member Address: 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. Signature of an authorized person Logan Roos

Typed or printed name of signee

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,

Roos Brothers LLC

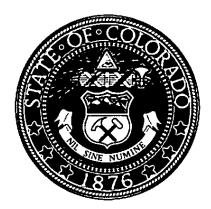
is a

Limited Liability Company

formed or registered on 05/18/2017 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 20171373833.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/27/2020 that have been posted, and by documents delivered to this office electronically through 04/01/2020 @ 13:01:06.

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 04/01/2020 @ 13:01:06 in accordance with applicable law. This certificate is assigned Confirmation Number 12185672



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site 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 Web site, http://www.sos.state.co.us/bit/Certificate/SearchCriteria.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 Web site, http://www.sos.state.co.us/click/Businesses, trademarks, trade names" and select "Frequently Asked Questions."