

9/17/2020

Division of Corporations

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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 : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

Foreign Limited Liability Company
ROPER US FINANCE II LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Roper US Finance II LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Delaware 3. 85-2752990
(Jurisdiction, under the law of which foreign limited liability company is organized) (FBI 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. 6901 Professional Parkway East, Suite 200 6. same
(Street Address of Principal Office) (Mailing Address)

Sarasota, FL 34240

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


Name. Corporation Service Company

Office Address. 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.


(Registered agent's signature)

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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: **Name and Address:**

☐ Manager Name: Christina Able

☐ Member Address: 6901 Professional Pkwy E

☐ Authorized Suite 200

Person Sarasota, FL 34240

☒ Other Vice President ☐ Other

☐ Manager Name: John K. Stipancich

☐ Member Address: 6901 Professional Pkwy E

☐ Authorized Suite 200

Person Sarasota, FL 34240

☒ Other VP & Secretary ☐ Other

☒ Manager Name: John K. Stipancich

☐ Member Address: 6901 Professional Pkwy E

☐ Authorized Suite 200

Person Sarasota, FL 34240

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Jason Conley

☐ Member Address: 66901 Professional Pkwy E

☐ Authorized Suite 200

Person Sarasota, FL 34240

☒ Other President ☒ Other Asst. Secretary

☒ Manager Name: Jason Conley

☐ Member Address: 6901 Professional Pkwy E

☐ Authorized Suite 200

Person Sarasota, FL 34240

☐ Other ☐ Other

☒ Manager Name: Robert Crisci

☐ Member Address: 6901 Professional Pkwy E

☐ Authorized Suite 200

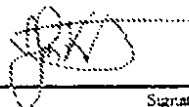
Person Sarasota, FL 34240

☐ Other ☐ 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.

John K. Stipancich

Typed or printed name of signee

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROPER US FINANCE II LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROPER US FINANCE II LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

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SR# 20207315474

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203672026

Date: 09-16-20

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