

M20000011794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

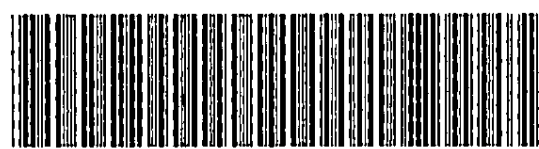
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
SOLICITOR GENERAL'S OFFICE

K. SALY
Dec 16 2020



LICENSING
PROFESSIONALS

Insurance Compliance Service
P.O. Box 566, Lynden WA 98264
Toll Free: (888) 543-5432
Fax: (360) 933-1991
Email: NCompton@licensingpros.com

MEMO

DATE: December 8, 2020

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

FROM: Nicole Compton

SUBJECT: Application for Certificate of Authority

Submitted for your approval is the application to register ***Understory Solutions, LLC*** as a foreign limited liability company with the authority to transact business in your state. Enclosed you will find the following documents:

- Application for Certificate of Authority
- Certificate of Good Standing
- A check in the amount of \$125.00 made payable to:

"Florida Division of Corporations"

If you have any questions or require additional information in order to process this request, please contact me at (888) 543-5432. Thank you.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Understory Solutions, 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:

Nicole Compton

Name of Person

Licensing Professionals

Firm/Company

P.O. Box 566

Address

Lynden, WA 98264

City/State and Zip Code

hflores@licensingpros.com

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

For further information concerning this matter, please call:

Nicole Compton

Name of Contact Person

888

Area Code

543-5432

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. Understory Solutions, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2841533

(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. 4916 E Broadway, Suite 200

(Street Address of Principal Office)

Madison, WI 53716

6. 4916 E Broadway, Suite 200

(Mailing Address)

Madison, WI 53716

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee

(City)

Florida 32301

(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.

Adam Saldana, Asst Secretary
(Registered agent's signature)

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TALLAHASSEE, FL 32301
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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: Understory, Inc.

☒ Member Address: 4916 E Broadway Ste 200

☐ Authorized Madison, WI 53716

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Alexander Kubicek

☐ Member Address: 4916 E Broadway Ste 200

☐ Authorized Madison, WI 53716

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Sarah Graf

☐ Member Address: 4916 E Broadway Ste 200

☒ Authorized Madison, WI 53716

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Bryan Dow

☐ Member Address: 4916 E Broadway Ste 200

☐ Authorized Madison, WI 53716

Person _____

☒ Other VP/Treasurer/Secretary ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

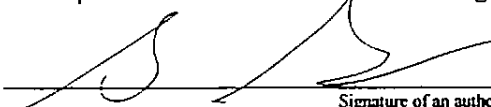
Person _____

☐ 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

Sarah Graf

Typed or printed name of signer

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 TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE

Delaware

The First State

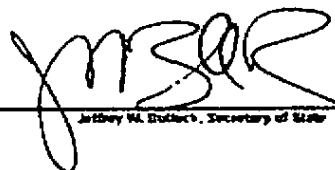
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "UNDERSTORY SOLUTIONS, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2020.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7574446 8300


Jeffrey W. Bullock, Secretary of State

Authentication: 204179727