

M20000011794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

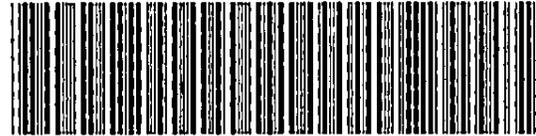
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 DEC 16 PM 5:40  
TALLAHASSEE, FL 32310  
STATE OF FLORIDA

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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](mailto: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

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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

at ( 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 3. 84-2841533  
(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. 4916 E Broadway, Suite 200 6. 4916 E Broadway, Suite 200  
(Street Address of Principal Office) (Mailing Address)  
Madison, WI 53716 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, Florida 32301  
(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.

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



# Delaware

The First State

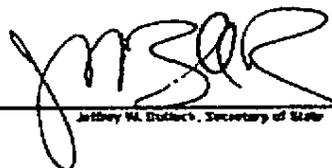
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNDERSTORY SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



  
Jeffrey W. Bullock, Secretary of State