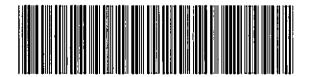
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| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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DATE:

1/5/2021

NAME: SCIENS BUILDING SOLUTIONS, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Chhie Hodge

SCIENS BUILDING SOLUTIONS, LLC

5925 Stoneridge Dr. Pleasanton, California 94588

January 4, 2021

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

Re: Consent to Use of Name

To Whom It May Concern:

The undersigned, on behalf of Sciens Building Solutions, LLC, hereby consents to the use of the name Sciens Building Solutions, LLC in the State of Florida.

Please note that Sciens Building Solutions, LLC, a Delaware limited liability company, inadvertently filed Articles of Organization under the name Sciens Building Solutions LLC in Florida on June 28, 2019 and the Florida entity was administratively dissolved on September 25, 2020. The Delaware entity will now be filing an application for authorization to transact business in Florida.

SCIENS BUILDING SOLUTIONS, LLC

By: Terry Heath
Terry Heath, Manager

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: Sciens Building 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.") 30-0948178 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) N/A (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5925 Stoneridge Dr. 5925 Stoneridge Dr. (Mailing Address) (Street Address of Principal Office) Pleasanton, CA 94588 Pleasanton, CA 94588 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 . Florida

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. Maritinant

Corporation Service Company Charlene Sati, Asst Secretary

(Registered agent's signature)

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|--|---|---|
| Manager | Name: Terry Heath | ■Manager | Name: |
| □Member | 5925 Stoneridge Dr. | □Member | Address: 500 Griswold, Suite 2700 |
| □Authorized | Pleasanton, CA 94588 | □Authorized | Detroit, MI 48226 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| ■ Manager | Name: | ■Manager | James Mahoney |
| □Member | Address: 500 Griswold, Suite 2700 | □Member | Address: 500 Griswold, Suite 2700 |
| □Authorized | Detroit, MI 48226 | □Authorized | Detroit, MI 48226 |
| Person | | Person | |
| Other | Other | Other | □Other |
| ■Manager | Peter Mogk Name: | ≅Manager | Brian Rassel Name: |
| ☐ Member | 500 Griswold, Suite 2700 Address: | □Member | 500 Griswold, Suite 2700 Address: |
| ☐ Authorized | Detroit, MI 48226 | □Authorized | Detroit, MI 48226 |
| Person | | Person | |
| □Other | Other | Other | □Other |
| 9. Attached is a cert jurisdiction under the of the translator must 10. This document | Use an attachment to report more than six (6). It may be added to the index when filing your F ifficate of existence, no more than 90 days old, which it is organized. (If the certificate st be submitted) is executed in accordance with section 605,020 ment to the Department of State constitutes a the Docustage by: Timy Health | Horida Department of State duly authenticated by the te is in a foreign language, (1) (b), Florida Statutes. | Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information. |

Signature of an authorized person

Typed or printed name of signee

DC14304CB13C4A1...

Terry Heath, Manager



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCIENS BUILDING 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 FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCIENS BUILDING SOLUTIONS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2015.

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

Al soor delaware sow/aut

Authentication: 202207362

Date: 01-04-21