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NAME: FLUID ROOFING, LLC

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COVER LETTER

TO:

	istration Section sion of Corporations					
BJECT:	FLUID ROOFING, LLC					
	Nam	ne of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo				
se return	all correspondence concerning this matter t	to the following:				
	Cheryl Shrader					
	Name of Person					
	Faegre Drinker Biddle & Reath	LLP				
	Firm/Company					
	600 E. 96th Street, Suite 600					
	· · · · ·	Address				
	Indianapolis, IN 46240					
	C	City/State and Zip Code				
	corpindy@faegredrinker.com					
	E-mail address: (to be	e used for future annual report notification)				
further int	formation concerning this matter, please ca	11:				
c	Cheryl Shrader	at (317) 569-4603				
	Name of Contact Person	Area Code Daytime Telephone Number				
	ing Address:	Street Address:				
_	istration Section	Registration Section				
	ision of Corporations	Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
I all	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	osed is a check for the following amount: te make check payable to: FLORIDA DEP	DADTMENT OF STATE				
	125.00 Filing Fee \$130.00 Filing Fee					
_ •	Certificate of	<u> </u>				

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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Com	pany," "L.L.C	.," or "LLC.")			_
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alterna	te name must inc	clude "Limited Liabili	ty Company,	" "L. L.C," or	"LLC.")
. Indiana (Jurisdiction under the law of which foreign limited liability company is organized)		332	3. 32-0453545 (FEI number, if applicable)				
. <u>N/A</u>				<u> </u>	_		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) e penalty liabilit	y)				
9511 Angola Court, Suite 253			511 Angola	Court, Suite 2	253		
Street Address of Principal Office)		6	(Mailing Addre	22)			_
Indianapolis, IN 46	268		ıdianapolis	, IN 46268			_
						202	_
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accep	table)			11 Jüll 15	٠,,
Name:	Florida Filing & Search Services, Inc.					<i>5</i> ; ≥	
Office Address:	155 Office Plaza Drive					110: 1	-
	Tallahassee		, Florida	32301	_	S	
	(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)

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Eric Howland Name: Dustin Denton □Manager □Manager Address: 9511 Angola Court, Suite 253 Address: 9511 Angola Court, Suite 253 ⊠Member [Member] Indianapolis, IN 46268 Indianapolis, IN 46268 ☐ Authorized ☐ Authorized Person Person □ Other_____ □Other □Other____ □Other ____ Name: Aaron Gilbert □Manager □Manager Name: Address: 9511 Angola Court, Suite 253 Member □Member Address: _______ Indianapolis, IN 46268 □Authorized ☐ Authorized Person Person □Other Other_____ □ Other □Other____ □Manager Name: _____ □Manager Name: ______ □Member Address: _____ □Member Address: ☐ Authorized ☐ Authorized Person Person □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

Eric Howland

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

FLUID ROOFING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 03, 2014, and was in existence or authorized to transact business in the State of Indiana on June 15, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 15, 2021

olli Sullina

HOLLI SULLIVAN
SECRETARY OF STATE

2014030300267 / 20212065383

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 15, 2021.