Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (855)330-1010

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

mail Address:		
"MALL ADDLESS:		

Foreign Limited Liability Company ALPINE EXTERIORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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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. ALPINE EXTERIORS LLC (Name of Foreign Limited Liability Company; must include "L	amited Lability Company," "L.L.C.," or "LLC.")		
Alpine Exteriors Plus LLC			
Washington (Jurisdiction under the law of which foreign limited liability company is organized)	3. 85-386399 (FEI number, of applicable)		
4. UDate first transacted business in Florida, if profess receiving 605,0904 & 605,0905, F.S. to d	nor to registration.) determine senalty (inbulty)		
5. 7901 4th St N (Street Address of Principal Office)	6. 7901 4th St N		
ste 300	ste 300		
St petersburg FL 33702	St petersburg FL 33702		
7. Name and street address of Florida registered agent: (P.O.	LAH LAN	2021 OCT 12	
Registered Age	ents inc.	2 1	
Office Address: 7901 4th St N s	ite 300	9.5	
St petersburg	. Florida 33702 (Zip code)	œ	

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.

Deal H

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: Name and Address: Title or Capacity: Name: Vitaliy Kravchenko Name: _____ Manager Manager Address: 7901 4th St N ste 300 ☐ Member Address: _____ X Member St petersburg FL 33702 Authorized Authorized Person Person Other____ Other____ Other____ Other_ Name: _____ Manager Name: Manager Member Address: ______ Member Address: _____ Authorized Authorized Person Person Other_____ Other_ Other_____ Other Name: Manager | Name: Manager Address: Member Member Address: Authorized Authorized Person Person Other____ 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. Riley Park

Lyped or printed name of signee



Secretary of State

I. KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ALPINE EXTERIORS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/14/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that us of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/08/2021

UBI Number: 604 637 515

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STATE OF WASHING

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 10/08/2021