

M22000002414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

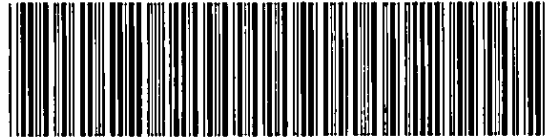
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 15 2022

K. Brumley



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **February 15, 2022**

Account#: 120000000088

Name: **GREG PINTACUDA**

Reference #: **1598695**

Entity Name: **CONSTELLATION ROOF LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **APON FILING PROVIDE CERTIFIED COPY**

Authorized Amount: **\$155**

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Constellation ROOF 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:

Allison Hoffman

Name of Person

Perseus Management Group Inc

Firm/Company

11350 McCormick Road, EP 3, Ste 200

Address

Hunt Valley, MD 21031

City/State and Zip Code

registrations@csiperseus.com

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

For further information concerning this matter, please call:

Allison Hoffman

437

374-8541

at (_____) _____

Name of Contact Person

Area Code

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. Constellation ROOF 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. 87-4763125

(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. 11350 McCormick Road

(Street Address of Principal Office)

EP 3, Ste 200

Hunt Valley, MD 21031

6. 11350 McCormick Road

(Mailing Address)

EP 3, Ste 200

Hunt Valley, MD 21031

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

Name:

Cogency Global Inc.

Office Address:

115 North Calhoun Street, Suite 4

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.

James H. Thorne

Assistant Secretary

(Registered agent's signature)

APPROVED
AND
FILED
2022 FEB 15 PM 12:14
CLERK OF COURT
JAMES H. THORNE
SECRETARY

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: Bonnie Wilhelm

☐ Member Address: 11350 McCormick Rd

☐ Authorized EP 3, Ste 200

Person Hunt Valley, MD 21031

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Eric Greenstein

☐ Member Address: 2660 Moss Oak Dr

☒ Authorized Sarasota, FL 34231

Person _____

☒ Other Asst. Secretary ☐ Other _____

☐ Manager Name: Daniel Zinman

☐ Member Address: 8133 Warden Ave

☒ Authorized 7th Floor

Person Markham, ON L6G 1B3

☒ Other Vice President ☐ Other _____

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

☒ Manager Name: Dexter Salna

☐ Member Address: 8133 Warden Ave

☐ Authorized 7th Floor

Person Markham, ON L6G 1B3

☒ Other President ☐ Other _____

☐ Manager Name: Heather Pruger

☐ Member Address: 11350 McCormick Road

☒ Authorized EP 3, Ste 200

Person Hunt Valley, MD 21031

☒ Other Secretary ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

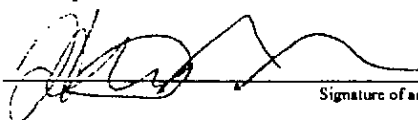
Person _____

☐ 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

Heather Pruger

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSTELLATION ROOF 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSTELLATION ROOF LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2022.

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



6546596 8300

SR# 20220514927

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202663616

Date: 02-15-22