

Florida Department of State
 Division of Corporations
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M2200016082

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

37-6
 2022 OC
 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**Foreign Limited Liability Company
 Plus One Solutions LLC**

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

2022 OCT 19 AM 7:39
 APPROVED AND FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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. Plus One Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PlusOne Roofing 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. Minnesota
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(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. 5468 102nd Trl N
(Street Address of Principal Office)

6. 5468 102nd Trl N
(Mailing Address)

Brooklyn Park MN 55443

Brooklyn Park MN 55443

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

2022 OCT 19 AM 7:39
REGISTERED AGENT STATE
FILED
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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.

Bel Han
(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]:

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

Manager Name: David Moon

Member Address: _____

Authorized 7901 4th St N STE 300

St. Petersburg FL 33702

Person

Other _____ Other _____

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

Manager Name: Neil Boehlke

Member Address: _____

Authorized 7901 4th St N STE 300

St. Petersburg FL 33702

Person

Other _____ Other _____

Manager Name: Jordan Muehlberg

Member Address: _____

Authorized 7901 4th St N STE 300

St. Petersburg FL 33702

Person

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

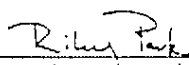
Person

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

Riley Park

Typed or printed name of signer

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Plus One Solutions LLC
Date Filed: 06/04/2021
File Number: 1238622100020
Minnesota Statutes, Chapter: 322C
Home Jurisdiction: Minnesota

This certificate has been issued on: 10/17/2022



Steve Simon

Steve Simon
Secretary of State
State of Minnesota