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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000923
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: doug@mancoshmgt.com

RECEIVED

2024 MAR -5 PM 2:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company RISE BUILDING PRODUCTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAR -5 PM 3:49

FILED

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. Rise Building Products, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. February 19, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability.)

5. c/o Mancosh Management, LLC
(Street Address of Principal Office)

6. c/o Mancosh Management, LLC
(Mailing Address)

1001 N US Hwy 1, Suite 702

1001 N US Hwy 1, Suite 702

Jupiter, FL 33477

Jupiter, FL 33477

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By:

Kaity Toon Kaity Toon, Asst. Secretary

(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

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:☒ ManagerName: Douglas Mancosh☐ MemberAddress: c/o Mancosh Management, LLC☐ Authorized1001 N US Hwy 1, Suite 702

Person:

Jupiter, FL 33477☐ Other _____☐ Other _____☒ ManagerName: Michael Clarkin☐ MemberAddress: c/o Mancosh Management, LLC☐ Authorized1001 N US Hwy 1, Suite 702

Person:

Jupiter, FL 33477☐ Other _____☐ Other _____☐ ManagerName: CertainTeed Rise Investment Corp.☒ MemberAddress: 20 Moores Road☐ AuthorizedMalvern, PA 19355

Person:

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☒ ManagerName: James Stone☐ MemberAddress: c/o Mancosh Management, LLC☐ Authorized1001 N US Hwy 1, Suite 702

Person:

Jupiter, FL 33477☐ Other _____☐ Other _____☐ ManagerName: RISE Composite Technologies, LLC☒ MemberAddress: c/o Mancosh Management, LLC☐ Authorized1001 N US Hwy 1, Suite 702

Person:

Jupiter, FL 33477☐ Other _____☐ Other _____☒ ManagerName: Joseph Bondi☐ MemberAddress: 20 Moores Road☐ AuthorizedMalvern, PA 19355

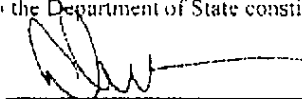
Person:

☐ 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

Douglas Mancosh

Typed or printed name of signer

Delaware

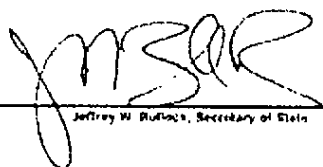
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RISE BUILDING PRODUCTS, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2024.

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




Jeffrey W. Bullock, Secretary of State