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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

07/08/2024

D	ate: 07/08/2024
	Acc#!20160000072
Name:	CGI Windows and Doors, LLC
Document #:	
Order #:	15734895
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	1-2 FILING
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 155.00

Thank you!

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CGI Windows and I (Name of Foreign I	Doors, LLC limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate is	ame adopted for the purpose of transacting business in F	lorids. The alternate name must include "Limited	Liability Company," "L. L.C," or "L.L.C,")
2. Delaware (Jurisdiction under the law of wh	nich foreign limited liability company is organized)	390-1111639 (FEI nur	nber, if applicable)
4. <u>n/a</u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liability)	
5. 2550 Interstate Dr. (Street Address of Principal Office)	ive, Suite 400	6. 2550 Interstate Drive (Mailing Address)	e, Suite 400
Harrisburg, PA 17	110	Harrisburg, PA 171	10
7. Name and street address Name:	s of Florida registered agent: (P.O. Bo: C T Corporation System	x <u>NOT</u> acceptable)	APPROV FILED SECRETARY OF
Office Address:	1200 South Pine Island Road		AH ID: 45
	Plantation (Cay)	, Florida 33324 (Zip code)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the prope s of my position as registered agent. C T Corporation System (Registered agent)	us registered agent and agree to ac r and complete performance of my Muddle Helle	t in this capacity. I further agree duties, and I am familiar with

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊠ Manager	Name: Matthew DeSoto	□Manager	Name: CGI Windows and Doors Holdings, LLC
□Member	Address: 2550 Interstate Dr., Ste 400	⊠Member	Address: 2550 Interstate Dr., Ste. 400
□Authorized		□Authorized	
Person	Harrisburg, PA 17110	Person	Harrisburg, PA 17110
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
COther	Other	□Other	Other
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cer jurisdiction under to of the translator m	Use an attachment to report more than six (6). To some may be added to the index when filing your Florificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate ust be submitted) It is executed in accordance with section 605.020 nument to the Department of State constitutes a the	duly authenticated by the is in a foreign language (1) (b), Florida Statute	e official having custody of records in the e. a translation of the certificate under oath

Matt DeSoto
Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CGI WINDOWS AND DOORS, 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 THIRD DAY OF JULY, A.D. 2024.

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

Authentication: 203860261

Date: 07-03-24

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SR# 20243063803