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Florida Department of State
Division of Corporations
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**Foreign Limited Liability Company
RC ANDERSEN, L.L.C.**

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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. RC ANDERSEN, L.L.C.
(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. New Jersey
(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. 695 Route 46, Suite 205
(Street Address of Principal Office)

6. 695 Route 46, Suite 205
(Mailing Address)

Fairfield, NJ 07004

Fairfield, NJ 07004

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

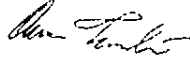
Name: United Agent Group Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.



By: Ariana Turoski, Special Secretary

(Registered agent's signature)

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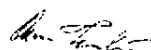
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Robert Andersen	<input checked="" type="checkbox"/> Manager	Name: Neil Ascione
<input type="checkbox"/> Member	Address: 695 Route 46, Suite 205	<input type="checkbox"/> Member	Address: 695 Route 46, Suite 205
<input type="checkbox"/> Authorized	Fairfield, NJ 07004	<input type="checkbox"/> Authorized	Fairfield, NJ 07004
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Craig Davenport	 <input checked="" type="checkbox"/> Manager	 Name: Steve Sroka
<input type="checkbox"/> Member	Address: 695 Route 46, Suite 205	<input type="checkbox"/> Member	Address: 695 Route 46, Suite 205
<input type="checkbox"/> Authorized	Fairfield, NJ 07004	<input type="checkbox"/> Authorized	Fairfield, NJ 07004
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Greg Dunkle	 <input type="checkbox"/> Manager	 Name:
<input type="checkbox"/> Member	Address: 695 Route 46, Suite 205	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Fairfield, NJ 07004	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Ariana Turoski, Special Manager

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

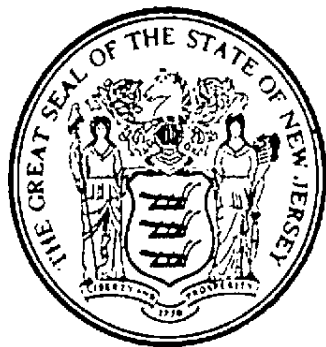
RC ANDERSEN, L.L.C.
0600255837

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 20, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROBERT ANDERSEN
695 ROUTE 46 WEST
SUITE 205
FAIRFIELD, NJ 07004



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
26th day of August, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number 5136511771

Verify this certificate online at

https://www1.state.nj.us/FYIR_StandingCert/ISP-Verify_Cert.jsp