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SECRETARY OF STATE OF

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Basement Brothers LLC Name of Limited Liability Company |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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: |
| ROGER GREEN Name of Person |
| Ultra Sonic Boca RATONE Firm/Company |
| 3801 N. DixiE Hwy |
| BORA RATON FL 33431 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (5/6) 360-59/6 Area Code Daytime Telephone Number |
| Name of Contact Person Area Code Daytime Telephone Number |
| Mailing Address: Street Address: |
| Registration Section Registration Section |
| Division of Corporations Division of Corporations The Control of |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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 12 \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Fee, Certificate Certificate of Status \$\Bigcup Certificate Copy\$ Certificate of Status \$\Bigcup Certificate Copy\$ \$160.00 Filing Fee, Certificate Copy \$ |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| If name unavailable, enter alternate na | me adopted for the purpose of transacting business in Fl- | orida. The alternate name must include "Limited Liability Company," "! | L.L.C," or "LLC.") | |
|--|--|--|--------------------|-----------|
| New Yor (Jurisdiction under the law of whi | ch foreign fimited liability company is organized) | 3. 84-45 7 1028 (FEI number, if applicable) | <u>-</u> _ | |
| l | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi | registration.) ne penalty hability) | | |
| Street Address of Principal Office) DOLCL RAT | DIXIE HING ON FL 33431 | 6. 3801 N. DIXIE HWG (Mailing Address) BOKA RATON FL 3 | 34 34 AUG 26 | SECRETARY |
| | ROGER Green 3801 N. Dixie BOLA RATON | NOT acceptable) Hivy . Florida 33431 (Zip code) | AH 6: 30 | OF STATE |

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: Title or Capacity: Name and Address: Name and Address: Name: ERIC Petrold □Manager □Manager Member Member. KATON FL 33431 □ Authorized □ Authorized Person Person □Other__ □Other____ Other____ Other____ □ Manager Name: □Manager Address: ____ Address: □Member □Member ☐ Authorized □ Authorized Person Person □Other □Other_____ □Other _____ □Other Name: _____ □Manager □Manager Name: _____ □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other □Other____ □Other____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 COLOR GREEN
Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BASEMENT BROTHERS LLC

DOS 1D Number: 5697073

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/28/2020

Statement Status: CURRENT Statement Due Date: 01/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 14, 2024 at 09:24 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hydro

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006416264 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov