

9/26/24, 3:50 PM

Division of Corporations

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
Level Roofing Solutions, LLC**

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

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Help

OCT 01 2024

K. Brumley

DocuSign Envelope ID: EA7FFC0F-6C61-4863-B5A3-4EDA1D9A5FD6

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Level Roofing Solutions, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

2. (If none is available, enter alternate name adopted for the purpose of transacting business in Florida. If alternate name is not included, Limited Liability Company, "LLC," or "LLC")

Delaware

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

4. (LLC number) (If applicable)

upon filing

5. (Date first transacted business in Florida, if prior to registration)
(See sections 605.003 & 605.0905, F.S., to determine penalty liability)

550 Fifth Avenue, 10th Floor

6. (Street Address of Principal Office)

550 Fifth Avenue, 10th Floor

7. (Mailing Address)

New York, NY 10036

New York, NY 10036

8. 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
(City)

Florida 33324
(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

Meredith Hellwig

Meredith Hellwig, Officer

Registered agent's signature(s)

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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>
☒ Manager	Name: <u>ACP Roofing Holdings, LLC</u>	☐ Manager	Name: _____
☐ Member	Address: <u>550 Fifth Avenue, 10th Floor</u>	☐ Member	Address: _____
☐ Authorized Person	<u>New York, NY 10036</u>	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized 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. 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 § 817.155, F.S.

Michael Ranson
 Signature of an authorized person

 Michael Ranson, Authorized Person
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LEVEL ROOFING SOLUTIONS, 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2024.

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



5255387 8300

SR# 20243783080

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 204480875

Date: 09-25-24