

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

LLC-5 (REV 11/2023)

Certified Copy Fee (Optional) - \$5.00

For Office Use Only

-FILED-

File No.: 202464110080 Date Filed: 10/2/2024

Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go thttps://www.ftb.ca.gov/.	tap the	This Space Fo	or Office l	Jse Only	,
1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)					
Roper Operations Company II, LLC					
1b. California Alternate Name, If Required (Only enter an alternate name if the LLC name in 1a not available in California.)					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	d Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)		180			
Delav	vare				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreign country or pla	ace enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b ca	nnot be a P.O. Box or "in care	e of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	State	Zip Code		
6496 University Parkway	Sarasota		FL	34240	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrevi	ations)	State	Zip Coo	de
			CA		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	∠ 3a			1	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations) State		Zip Cod	Zip Code	
Service of Process (Must provide either Individual OR Corporation.)				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full		nia street address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	ations)	State	Zip Cod	10
Sily (ationsy	CA	Zip Co.	10
CORPORATION – Complete Item 4c only. Only include the name of the	registered agent	Corporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	-				
United Agent Group Inc.					
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and correct and that I a	am autho	rized to	sign
AVA	John M	Ctinancich			
Signature		. Stipancich nd Print Name			
Oignorpi q	i ype ai	id i ilili Nallie			

LLC-5

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ROPER OPERATIONS COMPANY II, 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 EIGHTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROPER OPERATIONS COMPANY II, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2020.

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

THE STATE OF THE S

Authentication: 203960495

Date: 07-18-24