(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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COVER-LETTER

•					
TO: New Filing Section Division of Corporations					
SUBJECT: Associates Roofing & Construction, Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation substitution of Existence," or "Certificate of Good Substitution above referenced foreign corporation to transact bus	Standing" and check are submitted to register the				
Please return all correspondence concerning this ma	atter to the following:				
Wanda Mason					
Name of Person					
Associates Roofing & Construction, Inc.					
Firm/C	Company				
PO Box 1986 1135 Burgess	Road				
Murrells Inlet, SC 29576	idress				
City/Stat	te and Zip code				
info@arcincorporated.org					
E-mail address: (to be use	ed for future annual report notification)				
For further information concerning this matter, please	se call:				
Wanda Mason at (843	, 357-1713				
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy S87.50 Filing Fee, Certificate of Status & Certified Copy				

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ASSOCIATES ROOFING & CONSTRUCTION, INC., a corporation duly organized under the laws of the State of South Carolina on April 29th, 1993, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code.

and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 4th day of August, 2014.

Mark Hammond, Secretary of State

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Associate	es Roofing & Construction	n,	Inc.	
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	
ARC				
(If name unavaila	able in Florida, enter alternate corporate nan		• • •	usiness in Florida)
_{2.} South Ca	rolina USA	3.	57-0978878	
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)	
4. April 29,	1993	5.	NIA	
(Date	of incorporation)	٠,	(Duration: Year corp. will cease to ex	ist or "perpetual")
6.				
_~ 1135 Burd		.15	Florida, if prior to registration) 02, F.S., to determine penalty liability) 3C 29576	
/	(Principal office a			
PO Box 19	986 Murrells Inlet, SC 295	76	3	= 5
*-	(Current mailing a	ddr	ess)	\$ 1 m
8. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	E 12 14
Name:	Stephen R. Dunham			28
Office Address:	301 South Central Ave	en	ue	34.
	Flagler Beach		, Florida 32136	
	(City)		(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Stuple Onhan
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Vice Chairman: Director: Address: ____ Director: ___ **B. OFFICERS** President: Wanda Mason Address: 2267 Oyster Cove Murrells Inlet, SC 29576 Vice President: Calvin Mason Address: 2267 Oyster Cove Murrells Inlet, SC 29576 Secretary: _ Address: _ Treasurer: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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 13. Wanda Mason