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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRADY FEB - 9 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAMBAUGH ROOFING INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LISA COGAN
(Name of Person)
BUSINESS SUPPORT INC
(Firm/Company)
417 STOWE AVE SUITE 2
(Address)
ORANGE PARK, FL 32073
(City/State and Zip code)

For further information concerning this matter, please call:

LISA COGAN at (904) 264-1289
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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 ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. STAMBAUGH ROOFING INCORPORATED

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE

(State or country under the law of which it is incorporated)

3. 82-1568287

(FEI number, if applicable)

4. 05/27/1994

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 25860 HWY 22 N, MCKENZIE, TN 38201

(Principal office address)

PO BOX 247, MCKENZIE, TN 38201

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

Lisa Cogan

Office Address:

Business Support Inc.
417 Stowe Ave Suite 2
Orange Park
(City)

Florida 32073
(Zip code)

10. 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.

Lisa B. Cogan

(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: JAMES DAVID STAMBAUGH

Address: 95 HEATHER DRIVE, MCKENZIE, TN 38201

Vice President: _____

Address: _____

Secretary: MARK REYNOLDS STAMBAUGH

Address: 290 BOLTON LANE, MCKENZIE, TN 38201

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark Stambaugh James D. Stambaugh
(Signature of Director or Officer listed in number 12 of the application)

14. MARK STAMBAUGH (OWNER/SECRETARY) JAMES D. STAMBAUGH
(Typed or printed name and capacity of person signing application)

(OWNER/PRESIDENT)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 01/12/2005
REQUEST NUMBER: 05012516
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/27/1994
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0279790
JURISDICTION: TENNESSEE

TO:
BUSINESS SUPPORT, INC
417 STOWE AVE
STE 2
ORANGE PARK, FL 32073

REQUESTED BY:
BUSINESS SUPPORT, INC
417 STOWE AVE
STE 2
ORANGE PARK, FL 32073

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"STAMBAUGH ROOFING INCORPORATED"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/12/05

FROM:
BUSINESS SUPPORT, INC
417 STOWE AVE

ORANGE PARK, FL 32073-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003625865
ACCOUNT NUMBER: 00476221



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE