F0500000 3974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W05-30817 4099 Office Use Only
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SECKE ASSEE FI ORID.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 23, 2005

MARK BREASHEARS P.O. BOX 10512 FT. SMITH, AR 72917

SUBJECT: METAL ROOFS, INC. Ref. Number: W05000030817

We have received your document for METAL ROOFS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 205A0004291

TRANSMITTAL LETTER

TO:	Registratio Division of	n Section f Corporatio	ons						
SUBJ	F C T∙	Metal	ROofs,	Inc.					
5050			(Nam	e of corpor	ation - must	include suffix)	· · · · · · · · · · · · · · · · · · ·		-
Dear S	Sir or Madam	n:							
"Certi		stence," and					ect Business in Flo nced foreign corp		
Please	return all co	rresponden	ce concern	ing this ma	atter to the fi	ollowing:			
	Mark	Breashea	rs	<u></u>		· · · ·			
				(Nam	e of Person)	•			
	Metal	ROofs,	Inc.						
				(Firm	Company)				
	P.O.	box 1051	.2						,
				(<i>P</i>	Address)				
	Ft. S	Smith, AF	7291	7			 '		
	· · · · ·			(City/St	ate and Zip	code)	P	SE 95	
							P		-
For fu	rther informa	ation concer	ning this r	natter, plea	ise call:		IA S		7
							n r		77
Mark	Breashear	:s		at (_479		50-6771			
	(Name of	Person)		(A:	rea Code &	Daytime Telepl	none Number)	AH II: 10	720
	STREET	ADDRESS	÷			MAILING A			
	Registratio					Registration S			
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327									
	Tallahasse	e, FL 3239	9	-		Tallahassee,	FL 32314		
Enclos	sed is a check	k for the fol	lowing am	ount:					
5 \$70	0.00 Filing F		78.75 Filin Certificate			Filing Fee & ied Copy	\$\$87.50 Filis Certificate Certified (of Status &	Ŀ

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.

(If name unavaile	ble in Florida, enter alternate comparate na	Florida Metal Roofs ame adopted for the purpose of transacting business in F	JNC lorida
,	-		ioridaj
	rkansas under the law of which it is incorporated)	3. 94-3421396 (FEI number, if applicable)	
		•	
·	anuary 24, 2002 of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpe	
(Date	or meorporation)	(Darmon, Tem corp. will cense to exist or perp	Mai j
		ess in Florida, if prior to registration) 97.1502, F.S., to determine penalty liability)	
1	1601 Roberts Blvd.		
	(Principal office	addiess)	
P	.O. Box 10512 Ft. Smith.		
	(Current mailing	address)	
R	oofing Construction		
(Purpose(s) of corporation authorized in home state o	or country to be carried out in state of Florida)	
. Name and stree	t address of Florida registered agent: ((P.O. Box NOT acceptable)	05 J
Name:	Gary French		
Office Address:	1611 Carrolwood Dr.		
		, Florida <u>34232</u>	
	(City)	(Zip code)	· · ·
↑ Pagistared of	gent's acceptance:	DÃ .	1 0
		ervice of process for the above stated corporation	at the place
lesionated in this	application, I hereby accept the appoint	intment as registered agent and agree to act in the	is capacity
	omply with the provisions of all statute	tes relative to the proper and complete performand	e of my duti
urther agree to c	with and accept the obligations of my	u manitian na panistapad anast	

- 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:

A. DIRECTORS			
Chàirman:			
Address:			
			_
Vice Chairman:			_
Address:			
	<u> </u>		
Director:			
Address:			
Director:		• •	
Address:			
		· ·	
B. OFFICERS			
President: Mark Breashears	·		_
Address: 11601 Roberts Blvd.			
Ft, Smith, AR 72917	d Barbara	95 SE 95	•=;-1
Vice President:			
Address:	·	[T]"	3
		<u> </u>	
Secretary:	•	I: IO ORIDA	U
Address:	i i	A	_
Treasurer:			
Address:	· · · · · · · · · · · · · · · · · · ·		
		.,	
NOTE: If necessary, you may attach an addendum to the application listing	gadditional officers and/or	directors.	
13. Mark Breashears (Signature of Director or Officer listed in number 12)	of the application)		
14. Mark Breashears, President	wpp		

(Typed or printed name and capacity of person signing application)



Arkansas Secretary of State Charlie Daniels

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

METAL ROOFS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 24, 2002.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 10th day of June 2005.

Chali Vail

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 6b5c5140b84aef7
To verify the Authoriziation Code, visit www.sosweb.state.ar.us