

### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

'From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099

Phone : (813)932-5244

Fax Number

: (813)932-3787

FOREIGN PROFIT/NONPROFIT CORPORATION

ALL PHASE ROOFING, INC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

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Help

TO: Registration Section

### TRANSMITTAL LETTER

Division of Co	rporations		
SUBJECT: ALL PH	ase roofing, inc		
		ition - must include suffix)	
Dear Sir or Madam:			
	rion by Foreign Corporation to e", and check are submitted to rida.		
Please return all corresp	ondence concerning this mat	ter to the following:	
ROMAN ALBANO			
	(Name	of Person)	
CONTRACTORS RE	PORTING SERVICE, INC		
	(Firm/	Company)	
2001 W BUSCH BLV	D STE A		
	(A	ddress)	· . · · · · · · · · · · · · · · · · · ·
Tampa, FL 33612			
	(City/Sta	te and Zip code)	
For further information	concerning this matter, pleas	c calf:	
(Name of Perso	(Are	a Code & Daytime Telepho	ne Number)
	•	,	,
STREET ADDRESS:		MAILING ADDRESS	:
Registration Section Division of Corporation		Registration Section Division of Corporation	
109 E. Gaines St.	15	P.O. Box 6327	1\$
l'allahassee, FL 32399		Tallahassee, FL 32314	
Enclosed is a check for	the following amount:		/
370.00 Filing Fcc	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

<u>-</u>

## 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 unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
COLORADO 3.	84-1525927	
(State or country under the law of which it is incorporated)	(FEI number, if application	able)
03/16/2004 5,	PREPETUAL	
(Date of incorporation)	(Duration: Year corp. will cease to ex	tist or "perpetual")
UPON QUALIFICATION		<u> </u>
(Date first transacted business in Florida. If corporation has no	of transacted business in Florida, insert "1 1, 607.1502 and 817.155, F.S.)	upon qualifica (fin.")
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		21.3 W
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(Purpose(s) of corporation authorized in home state or or		a) S13 (0
(Purpose(s) of corporation authorized in home state or or Name and street address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT a	a) S13 (0
(Purpose(s) of corporation authorized in home state or constraints and street address of Florida registered agent:  Name: CONTRACTORS REPORTING SERVICES	(P.O. Box or Mail Drop Box NOT a	a) S13 (0
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(Purpose(s) of corporation authorized in home state or continue and street address of Florida registered agent:  Name: CONTRACTORS REPORTING SERVICE  Tice Address: 2001 w BUSCH BLVD STE A	(P.O. Box or Mail Drop Box NOT a	a) S13 (0
(Purpose(s) of corporation authorized in home state or continuous and street address of Florida registered agent:  Name and street address of Florida registered agent:  Name: CONTRACTORS REPORTING SERVICE  Fice Address: 2001 W BUSCH BLVD STE A  TAMPA  (City)	(P.O. Box or Mail Drop Box <u>NOT</u> a	a) S13 (0
(Purpose(s) of corporation authorized in home state or or Name and street address of Florida registered agent:  Name: CONTRACTORS REPORTING SERVICE fice Address: 2001 W BUSCH BLVD STE A  TAMPA  (City)  Registered agent's acceptance:	(P.O. Box or Mail Drop Box <u>NOT</u> a  CE, INC  , Florida <u>33612</u> (Zip code)	a) cceptable)
(Purpose(s) of corporation authorized in home state or continuous and street address of Florida registered agent:  Name and street address of Florida registered agent:  Name: CONTRACTORS REPORTING SERVICE  fice Address: 2001 W BUSCH BLVD STE A  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept servicing at this application, I hereby accept the appointment.	(P.O. Box or Mail Drop Box NOT a  CE, INC  , Florida 33612  (Zip code)  ice of process for the above stated coment as registered agent and agree to	a)  cceptable)  erporation at the place of act in this capacity.
(Purpose(s) of corporation authorized in home state or continuous and street address of Florida registered agent:  Name and street address of Florida registered agent:  Name: CONTRACTORS REPORTING SERVICE  Fice Address: 2001 w Busch BlvD STE A  TAMPA  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept servicing accept the appointmentation agree to comply with the provisions of all statutes respectives.	(P.O. Box or Mail Drop Box NOT a  CE, INC  , Florida 33612  (Zip code)  ice of process for the above stated coment as registered agent and agree to relative to the proper and complete p	a)  cceptable)  erporation at the place of act in this capacity.
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- 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:

CONTRACTORS REPORTIG

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SECRETARY OF STATE
TALLAHASSEE FLORIBA
4-
oplication listing additional officers and/or directors.
PLEASE PLOUG DETRION
imber 12 of the application)
y of person signing application)

FILED 06 FEB -3 PM 2: 59

# OFFICE OF THE SECRETARY OF STATE TALLAHASSEE FLORIDA

### CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ALL PHASE ROOFING INC

#### is a Corporation

formed or registered on 03/16/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 2004 1098872

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/31/2006 that have been posted, and by documents delivered to this office electronically through 02/03/2006 @ 13:47:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/03/2006 @ 13:47:06 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6407296.



Sinette Dennis

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Sevenors of State's Web vito is fully and immediately valid and affective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visuing the Certificate Confirmation Page of the Secretary of State's Web site, http://www.gas.state.co.uw/bis/CertificateState/it/Frieria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the least of a certificate is merely approach and is not necessary to the walld and effective isomerce of a certificate. For more information, visit our Web site, http://www.scs.state.co.uw click Business Confer and select "Frequently Asked Questions".