# T09000002509

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	//State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)				
Certified Copies	ed Copies Certificates of Status				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T Buren #111 2 8 2009

#### **COVERLETTER**

Division of Corporations	
SUBJECT: ROOF SOLUTIONS, INC.	
	rporation - must include suffix)
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," ted to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
CHUCK MARVIN	
(N	ame of Person)
ROOF SOLUTIONS, INC.	
(F	irm/Company)
18313 CENTRE COURT DRIVE	
	(Address)
DAVIDSON, NC 28036	•
(City/S	State and ZIP code)
For further information concerning this matter, p	please call:
PILSUN MARVIN at	(704) 896-0022
(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	



June 3, 2009

CHUCK MARVIN 18313 CENTRE COURT DRIVE DAVIDSON, NC 28036

SUBJECT: ROOF SOLUTIONS, INC.

Ref. Number: W09000025964

We have received your document for ROOF SOLUTIONS, INC. and your check(s) totaling \$70.00. 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 the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 509A00018669

Tim Burch Regulatory Specialist II New Filing Section

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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.

**BUSINESS IN FLORIDA** 

1.	ROOF SOLUTIONS, INC.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		,	F 2	2009	
	, , , , , , , , , , , , , , , , , , , ,				S S	
				$\sim$		
	ROOF SOLUTIONS, INC OF NC			- 33 - 33 - 33 - 33 - 33 - 33 - 33 - 33	22	
	ROOF SOLUTIONS, INC of NC (If name unavailable in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting busing	ness in Flo	rida)	
	,			نی اسا	=	
2.	NORTH CAROLINA	3.	56-1884390	ST	Ë	
	(State or country under the law of which it is incorporated)		56-1884390 (FEI number, if applicable)	DH.	4: 43	
				1	ယ	
4.	07/20/1994 (Date of incorporation)	5.	PERPETUAL			
	(Date of incorporation)		(Duration: Year corp. will cease to exist of	or "perpeti	ıal")	
6.	01/12					
	(Date first transacted busine	ess i	n Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 60	7.15	02, F.S., to determine penalty liability)			
	AO DIVID DOTUG ODVOVO DELOV	20	176			
7.	48 RIVER DRIVE, ORMOND BEACH, FL					
	(Principal office	add	ress)			
	18313 CENTRE COURT DRIVE, DAVIDSO	IM	NC 28036			
				· · · -		
	(Current mailing	addi	ress)			
o	CONSULTING					
Ō.	(Purpose(s) of corporation authorized in home state of		when to be comised out in state of Claride			
	(Purpose(s) or corporation authorized in nome state (	or co	unity to be carried out in state of Florida)			
Ω	Name and street address of Florida registered agent:	/D (	) Roy NOT accentable)			
7.	Name and street address of Piorida registered agent.	0.0	J. Box NOT acceptable)			
	Name: BRUCE BYRNE					
	Manie. Dittori		<del></del>			
$\sim$	ffice Address: 48 RIVER DRIVE					
U	HICE Address. 40 KIVER DKIVE					
	ORMOND BEACH		Florido 32176			
	(C:)		, Florida 32176			
	(City)		(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.

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.

Chairman:		
Address:		
Vice Chair	rman:	F
Address: .	E, FLOR	
Director:	DA 43	
		<del></del>
Director:		
Address: _		<del></del>
B. OFFI	CERS	
President:	Chuck Marvin	
Address:	18313 Centre Court Drive	
	Davidson, NC 28036	
Vice Presid	dent:	
Address: _		
Secretary:		
Address: _		
Treasurer:		
Address: _		
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Director or Officer listed in number 12 of the application)	
14.	(Signature of Director or Officer listed in number 12 of the application)  Chuck Marvin  (Typed or printed name and capacity of person signing application)	



## NORTH CAROLINA Department of The Secretary of State

#### **CERTIFICATE OF EXISTENCE**

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### ROOF SOLUTIONS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of July, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of April, 2009

Secretary of State

Elaine I. Marshall

Certification# 89281296-1 Reference# 9700886- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification