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| (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: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|--|
| SUBJECT: Iconic Roofing and Construction, Inc. | |
| Name of corporation | n - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business. | nding" and check are submitted to register the |
| Please return all correspondence concerning this matter | r to the following: |
| Jason Shuffler | |
| Name of | Person |
| Iconic Roofing and Construction, Inc. | |
| Firm/Con | npany |
| P.O. Box 94066 | |
| Addr | ess |
| Lubbock, TX 79493 | |
| City/State a | nd Zip code |
| | |
| E-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please of | call: |
| Jason Shuffler at (888 |) 391-2164 |
| | 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: \$\sumset\$ \$\\$70.00\$ Filing Fee \$\sumset\$ Certificate of Status | \$ \$78.75 Filing Fee & Securificate Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2010

JASON SHUFFLER P.O. BOX 94066 LUBBOCK, TX 79493

SUBJECT: ICONIC ROOFING AND CONSTRUCTION, INC.

Ref. Number: W10000042330

We have received your document for ICONIC ROOFING AND CONSTRUCTION, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 110A00021429

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.

| ١. | Iconic Roofing | and Construction, Inc. | | | | | |
|----|-------------------|--|------|---|--------------------------------|------------------|---|
| | | corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.") | ED | ," "COMPANY," "CORPORATION," | | | |
| | Iconic Roofing | and Construction, Inc. | | | | | |
| | (If name unavail | able in Florida, enter alternate corporate na | ıme | adopted for the purpose of transacting busing | ness in Flo | orida) | |
| 2. | Texas | | 3. | 27-3349090 | | | |
| | (State or country | under the law of which it is incorporated) | • | (FEI number, if applicable |) | | |
| 4. | 8/17/2010 | | 5. | 2010 | | | |
| | (Date | e of incorporation) | | (Duration: Year corp. will cease to exist | or "perpet | ual") | |
| 6. | None to this da | ate | | | | | |
| 7. | 2310 70th Stree | | 7.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | | |
| | | • | aac | iress) | | | |
| | P.O. Box 94060 | 6; Lubbock, TX 79493 | | | _₹%_ | | |
| | | (Current mailing | ado | iress) | AHA CHE | Sil | |
| 8. | Construction a | nd Restoration | | | 82.55 SE 55 | 52 | = |
| | (Purpose(s | s) of corporation authorized in home state of | or c | ountry to be carried out in state of Florida) | IAFII OF STATI NSSHE FLORIC | 7 | C |
| 9. | Name and street | et address of Florida registered agent: (| P.0 | D. Box NOT acceptable) | STAT | <u>လ</u> ှ. ယ | |
| | Name: | Jason Shuffler | | | ¥™ | .g | |
| OI | ffice Address: | 818 Water Hyacinth Court Northeast | • | | | | |
| | | Saint Petersburg | | , Florida <u>33703</u> | | | |
| | | (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.

(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:

| Control of the second of the s | t I tan has been |
|--|--|
| -A. DIRECTORS | 10 SEP 24 PM 2: 34 |
| Chairman: | SECRETARY OF STATE |
| Address: | SECRETAFTY UF STATE TALLAHASSEF FLORIDA |
| Vice Chairman: | |
| Address: | |
| Director: Jason Shuffler | |
| P.O. Box 94066 | |
| Lubbock, TX 79493 | |
| Director: | |
| Address: | |
| B. OFFICERS President: Jason Shuffler | |
| Address: P.O. Box 94066 | |
| Lubbock, TX 79493 | |
| Vice President: | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may awach an addendum to the application listing | Director |
| (Signature of Director or Officer listed in number 12 of | of the application) |
| 14. Jason Shuffler President and Director | |
| (Typed or printed name and capacity of person sign | ing application) |

Corporations Section
P.Ó.Box 13697
Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ICONIC ROOFING & CONSTRUCTION, INC. (file number 801307218), a Domestic For-Profit Corporation, was filed in this office on August 17, 2010.

It is further certified that the entity status in Texas is in existence.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 24, 2010.



Hope Andrade Secretary of State