(Requestor	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
	į
t#18	8049

Office Use Only



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MAR 1 2 2018 Y SULKER



February 22, 2018

BRIAN DEAN 14350 MUNDY DR STE 800, #259 NOBLESVILLE, IN 46060

SUBJECT: DGA ROOFING, INC. DBA MWEST RESTORATION

Ref. Number: W18000018049

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

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

RECEIVED

OBMAR 12 AM 10: 49

OFPARTMENT OF STATE

XVISION OF CORPORATION

Letter Number: 818A00003743

# 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.

	e in Florida, enter alternate corporate na			rida)
<u>. In</u>	DIANA nder the law of which it is incorporated	_3 <del>27</del>	2491425	
			1 1	
4. 01/	ncorporation)	5	1 10 1 1 1 1	
(Date of	ncorporation)	(Date of	duration, if other than perpetual)	
б	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	07.1502, F.S., to determ	ine penalty liability)	
7	D Murdy Dr Suite 800,	4259 Nobles	1110, IN 40060	
	(14)	incipal office address)		
	Current	nailing address, if differ	ent)	
	(Curent)	naming address, it differ		¥. A. S
8. Name and street a	ddress of Florida registered agent:	(P.O. Box NOT acco	 eptable) 	HAR LE AK 9:45
Name:	Registered Agents Inc.			± ₹ 11
Office Address:	3030 N. Rocky Point Driv	e STE 150A		7:6
	Tampa	Florida <u>3</u>	1 1	. 9
	(City)		Zip code)	
9. Registered agen	has registered agent and to accent	service of process for	the above stated corporation	at the place
decionated in this a	indication. I hereby accept the app	ointment as registere	d agent and agree to act in thi	is capacity. 1
further agree to con	ply with the provisions of all state niliar with and accept the obligation	ites relative to the pro one of my position as	pper and complete performant registered agent.	ze oj my
auties, and I am jar	that with and accept the omizant	nts of my position as		
	Bel June		<u> </u>	
	(Regist	ered agent's signature)		
the Department of S	tificate of existence duly authentic ate, by the Secretary of State or oth ch it is incorporated.	ated, not more than 90 ner official having cus	Odays prior to delivery of this stody of corporate records in th	application to se jurisdiction
			ï	
			t 1	

11. Names and	business addresses of officers and/or directors:	
A. DIRECTOR	ts	
Chairman:		
		41.
Vice Chairman: _		
Address:		
•		·
Director:		
_		<u>,                                      </u>
Director:		
B. OFFICERS		
President: B	gian Dean	<u> </u>
	1 3	(n -
r.Je	bleshile, in 46060	• .
Vice President:	Josh Armogum	
	684 Drayton Dr	
	oblesulle, IN 46062	
Secretary:		
Address:		
Treasurer:		
		es and/or discovers
NOTE: If neces	sary, you may attach an addendum to the application listing additional office	is and/or directors,
	Signature of Director or Officer	
The officer or di are true and that	rector signing this document (and who is listed in number 11 above) affirms the or she is aware that false information submitted in a document to the Department	that the facts stated hartment of State cons
a third degree fe	ony as provided for in 5.817.155, F.S.	
13.	(Typed or printed name and capacity of person signing application)	

# State of Indiana Office of the Secretary of State

### CERTIFICATE OF EXISTENCE

To Whom These Presents Come. Greeting:

I. CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## DGA ROOFING INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 07, 2010, and was in existence or authorized to transact business in the State of Indiana on February 28, 2018.

I further certifiy this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the Oty of Indianapolis, February 28, 2018

Corrie Lauron

CONNIE LAWSON SECRETARY OF STATE

201701171175912 / 2018545477 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate