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(Re	questor's Name)				
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Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					





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J. HARRIS

COVER LETTER

TO:	Division of Corporations				
SUBJ	ECT:	Babe Roof			
		Name of corpora	ition - must include suffix		
Dear S	ir or Madam:				
"Certif	icate of Existenc		for Authorization to Transac Standing" and check are sub siness in Florida.		
Please	-	ondence concerning this m	_		
	Chr	Stopher Str	-eames		
		Name	of Person		
	Bab	ie Roof Cor	Pames of Person Company		
		Firm/	Company		
	94 8	E Industry CH	ddress		
	7 1		ddress		
	Doo	- Park NI	1 11729 ate and Zip code		
-		City/St	ate and Zip code		
	bab	eroof@ulou	A .COM sed for future annual report i		
	<u> </u>	E-mail address: (to be u	sed for future annual report i	notification)	
For fu	rther information	concerning this matter, ple	ase call:		
<u>She</u>	lia Nico	105i at (6	31) 631 940	9962	
	Name of Perso	n Area	Code Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for	the following amount:			
57 \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy	



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FLORIDA DEPARTMENT OF STATE
Division of Corporationsvision of Corporation of Corp

March 22, 2018

CHRISTOPHER STREAMES 94 E INDUSTRY CT DEER PARK, NY 11729

SUBJECT: BABE ROOF CORP. Ref. Number: W18000028128

We have received your document for BABE ROOF CORP, and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

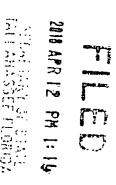
The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00005808



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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New York 3. 204697975 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 3 3 06 5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 34th St., Cape Coral, FL 33904
(Principal office address) 94 & Industry Ct, Dear Park, Ny 11729
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Christopher Streames Name: 707 SE 34+05+.

Cape Coral Florida 33904
(Circ) (Zip code) Office Address: 9. 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)

10. 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.

. 11. Names and business addresses of officers and/or directors: A. DIRECTORS X Chairman: Christopher J. Streames NY 11729 Vice Chairman: __ Director: __ Address: ____ B. OFFICERS X President: Christopher J. Streames Address: 94 East Industry Ct Deer Park NY 11729 Vice President: Address: _____ Secretary: __ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Christopher J. Streams Presider

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BABE ROOF CORP. was filed on 03/30/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of February two thousand and eighteen.

Brandan W. Fitznavald

Brendan W. Fitzgerald
Executive Deputy Secretary of State