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T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations				
Limestone Roofing and Con- SUBJECT:	struction Company	· ·		
	of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Conference of Existence," or "Certificate above referenced foreign corporation to the enclosed of the enc	e of Good Standi	ing" and check are submi		
Please return all correspondence concern Thomas E Parker Jr	ing this matter to	o the following:		
	Name of Pe	rson		
Limestone Roofing and Construction Compa	ıny			
	Firm/Compa	nny		
22 Sandridge Dr.				
	Address	;		
Bella Vista, AR 72715				
	City/State and	Zip code		
drunksooner@gmail.com				
E-mail addres	s: (to be used for	future annual report not	ification)	
For further information concerning this r	natter, please cal	I:		
Thomas Parker	479	256-8533		
Name of Person	Area Code	Daytime Telephor	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following am	ount:			
☐ \$70.00 Filing Fee ■ \$78.75 Filin Certificate		\$78.75 Filing Fee & C Certified Copy	3 \$87.50 Filing Fee. Certificate of Status & Certified Copy	

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.

Limestone Rooting and Construction Company 1.						
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATIO	ON,"		
	(If name unavaila	able in Florida, enter alternate corporate name ad	lopted for the purpose of transact	ting business i	n Florid	ja)
2.	Arkansas	3	6-2416949			
4.	03/06/2013			(FEI number, if applicable)		
٠,			(Date of duration, if oth	r than perpetual)		
6.						
		(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150		oility)		
7.	22 Sandridge Dr.	Bella Vista, AR. 72715				
(Principal office address)			007 1	7		
	(Current mailing address, if different)				7	:
8.	Name and stree	et address of Florida registered agent: (P.O. Thomas Parker	Box <u>NOT</u> acceptable)	Verse June	PH 2: 15	;
Ó	ffice Address:	3489 Winifred Row Lane 出2002		•		
_		Naples	 34116 . Florida			
		(City)	(Zip code)			

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. Nam	nes and business addresses of officers and/or directors.	
A. DIRE	ECTORS	
Chairman	n:	
Address:		
-		
Vice Chai	nirman:	
Address:		
Director:		
		-
Address.		
Diractor		
	· · · · · · · · · · · · · · · · · · ·	
Address:		
B. OFFI		Eg _
	Thomas E Parker Ir	18 OC
• .d.d	t:	7
Address.	Naples, FL. 34116	₽ :n
Vice Presi	sident:	2:1
		<u>, इं ज</u>
Address.	· 	
Secretary	v:	
	r:	
		and and the dimensions
12	If necessary, you may attach an adden turn to the application listing additional offi	cers and/or directors.
	Signature of Director or Officer	
are true a	icer or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Defegree felony as provided for in s.817,155, F.S.	
13	(Typed or printed name and capacity of person signing application)	
	(Typed or printed name and capacity of person signing application))



Arkansas Secretary of State Mark Martin

State Capitol Building ◆ Little Rock, Arkansas 72201-1094 ◆ 501-682-3409

Certificate of Good Standing

I. Mark Martin. Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

LIMESTONE ROOFING AND CONSTRUCTION COMPANY

authorized to transact business in the State of Arkansas as a For Profit Corporation. filed Articles of Incorporation in this office March 6, 2013.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of October 2018.

Mark Martin

Mark Martin

Secretary of State Unfine Certificate Authorization Code: d4e364e14df20ee

To verify the Authorization Code, visit sos.arkansas.gov