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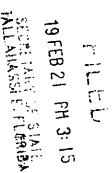
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12/14/18--01025--020 **78.75



BL. VORISEK FEB 21 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ready Roofer, Inc. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Brent Colvin Name of Person
Name of Person
Ready Roofer, Inc.
Firm/Company
3640 W. Jones Aue. P. O. Box 554
Garden City, KS 67846 City/State and Zip code
ready roofer @ ready roofer com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brent Coluin at (620) 272-3136 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee



December 28, 2018

BRENT COLVIN READY ROOFER, INC. 3640 W. JONES AVE., P. O. BOX 554 GARDEN CITY, KS 67846

SUBJECT: READY ROOFER, INC. Ref. Number: W18000110582

We have received your document for READY ROOFER, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Letter Number: 018A00026506

Brenda L Vorisek Director

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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCord Services, Inc. 17888 67th Court North Office Address: hoxahatchee , Florida 3347

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.

Katie Lawson on behalf of InCorp Services, Inc.

(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
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Address.
Director:
Address:
B. OFFICERS
President: Brent Colvin
Address: P.O. Box 554
Garden City, KS 67846
Vice President:
Address:
Scorelary: Darlene Van Meter
Address: P.O. Box 554 Garden City, KS 67846
Transport Maria Consiste
Address: P. D. Box 554, Garden City, KS 67846
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.
13. <u>Socat Colv.a</u>
(Typed or printed name and capacity of person signing application)

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I. SCOTT SCHWAB. Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6156186

Entity Name: READY ROOFER INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: BRENT COLVIN

Registered Office: 3640 W Jones Avenue, GARDEN CITY, KS 67846

was filed in this office on March 08, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

OF LANGE

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of February 11, 2019

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1092832 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.