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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Add | dress) | | | |
| (City | //State/Zip/Phon | ne #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
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Y SCOTT SEP 2 3 2019





August 27, 2019

BILL SPENCER 5 BROWN CIRCLE ALABASTER, AL 35007

SUBJECT: PRIME ROOFING & RESTORATION, INC.

Ref. Number: W19000079006

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

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Yvette Scott Document Specialist II

Letter Number: 919A00017646

RFCEIVED SEP 18 2019

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corpora | | | | | | |
|---|--|-------------------------------------|---|---|--------------|---|
| SUBJECT: PRIME ROOF | ING & RESTORATION. | INC | | | | |
| JOBOBOTT | Name of corporat | | de suffix | | ., | |
| Dear Sir or Madam: | | | | | | |
| The enclosed "Application be "Certificate of Existence," of above referenced foreign con Please return all correspondabile SPENCER | r "Certificate of Good S poration to transact bus | tanding" and cl iness in Florida | neck are submi | itted to register | E2019 SEP 18 | |
| | Name | of Person | | m C | PH 3: | Ü |
| PRIME ROOFING & RESTO | RATION, INC | | | 101 101 101 | ယ္ | |
| | Firm/C | ompany | | 3100 | ū | |
| 5 BRÓWN CIRCLE | | | | | | |
| | .Ac | ldress | | • | | |
| ALABASTER, AL 35007 | | | | | | |
| | City/Stat | e and Zip code | | | | _ |
| BILL@PRIME-ROOFS.COM | | | | | | |
| E | -mail address: (to be use | ed for future and | nual report not | tification) | | |
| For further information cond | eerning this matter, pleas | se call: | | | | |
| BILL SPENCER | at (205 |) 541-3776 | | | _ | |
| Name of Person | Area C | lode Daj | ytime Telepho | ne Number | | |
| STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32. | tions ter Circle | Re Di P.s | AILING ADI egistration Sec vision of Corr O. Box 6327 dlahassee, FL | tion porations | | |
| Enclosed is a check for the f | following amount: | | | | | |
| □ \$70.00 Filing Fee □ | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Fil Certified C | - | S87.50 Fili Certificate Certified C | of Stat | |

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.

| 1. | PRIME ROOFING & RESTORATION, INC | er name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION." | | | | |
|----|--|--|---|---------|--------------|-------------|
| | (Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp,") | | | | | |
| | | | | | : Fl | |
| | (If name unavailable in Florida, enter alternate corporate name | ne | adopted for the purpose of transacting bu | siness | m rioi | nda) |
| 2. | ALABAMA | 3. | 83-3341692 | | | |
| | (State or country under the law of which it is incorporated) | | (FEI number, if applica | (ble) | | |
| 4 | 01/11/2019 | 5. | | | _ | |
| | (Date of incorporation) | | (Date of duration, if other than | perpe | tual) | |
| 6 | NONE | | | | ~ | |
| | (Date first transacted busines | | n Florida, if prior to registration) 502, F.S., to determine penalty hability | SECRET! | 2019 SEP 1 | 77 |
| | | ncij | L ₂ | | 8 P M | |
| | | aili | ng address, if different) | HORION | ب 13 | — ;; |
| 8. | Name and street address of Florida registered agent: (| | | - | | |
| | Name: United States Corp | × | ration Agents, Inc | | | |
| Οı | Tice Address: <u>55</u> 75 S. Semerac | 7 | Blyd, Ste 36 | | | |
| | Name: United States Corp Tice Address: _5575 S. Semocac Octando (City) | | , Florida <u>3</u> 2822 (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) Carparation Agents, live

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: | |
| | |
| Director: | 2018 TAL |
| Address: | SEP |
| | |
| B. OFFICERS | E ST ST ST |
| President: BILL SPENCER | <u> </u> |
| Address: 5 BROWN CIRCLE | D' |
| ALABASTER, AL 35007 | |
| Vice President: | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application l | isting additional officers and/or directors. |
| 12. Signature of Director or Of | ficer |
| The officer or director signing this document (and who is listed in num are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155. F.S. | ther 11 above) affirms that the facts stated herein |
| 13. Since Superior Typed or printed name and capacity of person | |
| (Typed or printed name and capacity of persor | r signing application) |

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Prime Roofing & Restoration. Inc. was formed in Shelby County, Alabama on January 11, 2019. The Alabama Entity Identification number for this entity is 539-748. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





201908080000012828

In Testimony Whereof. I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/08/2019

Date

X. W. Merill

John H. Merrill

Secretary of State