F19000004715

| (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: | | | | |
| atch cert. | | | | |
| AP signing, | | | | |
| motoh cert. AP signing, mane VAS W19-86768 | | | | |



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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2019

MICHAEL WEBB 9831 SW 67TH TERRACE OCALA, FL 34476

SUBJECT: HICKS ROOFING INCORPORATED

Ref. Number: W19000086768

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F17000000693.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 719A00019888





1420 Lockhart Drive Suite 104 Kennesaw, GA 30144 Ph: (770)432-1169

October 4, 2019

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

We received Letter Number: 719A00019888 from the Florida Department of State Divisions of Corporations on September 25, 2019 stating that the corporation name Hicks Roofing, Inc. was not available. After having a phone conversation and explaining that we are Hicks Roofing, Inc. and the reason the name is unavailable is because our name was recently revoked due to missing the renewal deadline. We were then instructed by the Division of Corporations to reapply as a foreign entity with the same Hicks Roofing, Inc. name in order to be reinstated. We also were told to draft this letter to serve as confirmation that we are Hicks Roofing, Inc. and want to still use our Hicks Roofing, Inc. name in Florida.

Sincerely,

Michael D. Webb CEO & Chairman

COVER LETTER

| ro: | Registration S Division of C | orporations | | |
|--------------|--|--|--|--|
| SURJ | ECT: | ŀ | licks Roofing, Inc. | |
| ,020 | | Name o | f corporation - m | ust include suffix |
| Dear S | Sir or Madam: | | | |
| 'Certi | ficate of Exister | | of Good Standing | norization to Transact Business in Florida," and check are submitted to register the Florida. |
| Please | return all corre | spondence concerni | ng this matter to t Michael D. Webb | |
| | | | Name of Pers Hicks Roofing, In | |
| | | (| Firm/Company 9831 SW 67th Terra | |
| | | | Address Ocala, FL 34- | 476 |
| | | Mike. | City/State and Z Webb@hicksroofin | |
| | | E-mail address | : (to be used for f | uture annual report notification) |
| or fu | rther informatic | on concerning this m | atter, please call: | |
| | Michael D. We | | 352 at ()_ | 299-4467 |
| | Name of Pers | | Area Code | Daytime Telephone Number |
| | Registration S Division of C Clifton Build | orporations ing ve Center Circle | S: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclos | sed is a check fo | or the following amo | ount: | |
| 3 \$7 | 0.00 Filing Fee | S78.75 Filing | - | 8.75 Filing Fee & S87.50 Filing Fee, crtified Copy Certificate of State |

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.

| 1 | | licks Roofing, Inc. | | |
|------------------|----------------------|--|---|---------------------------------------|
| (En "In | ter name of co | rporation: must include "INCORPORATED," rp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | |
| | | | | |
| (H) | | ble in Florida, enter alternate corporate name a | | siness in Florida) |
| 2 | Georgia | 3. | 542095559 | |
| (S | tate or country | under the law of which it is incorporated) | (FEI number, if applied | nble) |
| 4. | | 5. | | |
| | 4 5 | | (Date of duration, if other than perpetual) | |
| 6. | | | | |
| · | | (Date first transacted business in | Florida, if prior to registration) | |
| | ((20) (1.) | (SEE SECTIONS 607.1501 & 607.150 | 02, F.S., to determine penalty liability) | |
| 7 | 1420 Lockn | art Drive STE 104 Kennesaw, GA 30144 | | |
| | | (Principa | al office address) | 9 |
| | | | | |
| | | (Current mailing | g address, if different) | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| 8. Na | me and <u>street</u> | address of Florida registered agent: (P.O | . Box NOT acceptable) | |
| | Name: | Michael D. Webb | | <u> </u> |
| 0.55 | | 9831 SW 67th Terrace | | ·• |
| Office | : Address: | | | |
| | | | Florida | |
| | | (City) | (Zip code) | |
| 9. R e | gistered age | nt's acceptance: | | |
| Havin | g been name | ed as registered agent and to accept servic | | |
| | | application, I hereby accept the appointm | | |
| jurine duties | , and I am fa | mply with the provisions of all statutes re miliar with and accept the obligations of | autive to the proper and complete p my position as registered agent. | erjormance oj my |
| | , | , , , | 71 0 | |
| | | Λ. | A - | |
| | | Marca | 2 half | _ |
| | | (Registered ag | gent'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. DIRI | ECTORS | | |
|--------------------------|--|--|--------------------------|
| Chairman | N/A : | | |
| | | | · <u>-</u> - |
| | | | |
| Vice Chai | N/A irman: | | |
| | | | |
| - | | | |
| Director: | N/A | | |
| | | | |
| | | | |
| Director: | N/A | | |
| | | | |
| | | - | |
| B. OFF | | 2. | 19 |
| | Michael D. Webb | | <u>0</u> |
| Address: | 9831 SW 67th Terrace | <u> </u> | 3 :: |
| | Ocala, FL 34476 | | <u> </u> |
| Vice Presi | dent: | <u>.</u> | |
| | | | မ္ |
| | | | -·· |
| Secretary: | N/A | | |
| Address: | | . 12. | |
| Treasurer: | N/A | | |
| | | | |
| NOTE: 1 | If necessary, you may attach an addendum to the application listing additional officer | rs and/or director | ΓS. |
| 12 | Signature of Director or Officer | | |
| The office are true a | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the or she is aware that false information submitted in a document to the Depagree felony as provided for in s.817.155, F.S. | hat the facts state irtinent of State c | ed herein constitutes |
| 13 | Michael D. Webb - Chairman + (FO (Typed or printed name and canacity of person signing application) | | |
| | (Typed or printed name and canacity of person signing application) | | |

Control Number: 0311665

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HICKS ROOFING, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 17626460 Date Inc/Auth/Filed: 03/01/2003 Jurisdiction : Georgia

> Print Date : 09/12/2019

Form Number : 211



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