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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Roofing Advocates Corporation	n, d.b.a. WTS	Construction Consultants		
	_ •	Name o	f corporation	- must include suffix		
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	ling" and check are submi	Business in Florida," itted to register the	
Please	return a	all correspondence concernin	g this matter	to the following:		
Joseph	Jacob K	Celly				
			Name of P	erson		
Roofing	g Advoc	rates Corporation, d.b.a. WTS C	onstruction Co	nsultants		
			Firm/Comp	pany	·· <u>-</u> -	
8956 S.	Oakley	Avenue				
			Addres	SS		
Chicago	. IL 60	643				
			City/State an	d Zip code		
info@re	ofingac	lvocates.com				
		E-mail address:	(to be used fo	r future annual report not	ification)	
For furt	her inf	ormation concerning this ma	tter, please ca	I I :		
Joseph Kelly 773		t (708-5109			
	Name	of Person	Area Code) 708-5109 Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ake che	heck for the following amounck payable to: FLORIDA DEP ag Fee	ARTMENT (■ \$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.

ROOFING ADVOCATES CORPORATION					
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATI	ON,"		
WTS CONSTR	RUCTION CONSULTANTS				
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)		
2. ILLINOIS		83-1741501	•		
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4	5.	5. Perpetual			
05/04/2021 6.	e of incorporation)	(Date of duration, if other than perpetual)			
	(SEE SECTIONS 607.1501 & 607.1.	n Florida, if prior to registration) 502, F.S., to determine penalty liab	pility)		
7. 8956 S. Oakley A	Avenue, Chicago, IL 60643				
	(Principal off	ce street address)			
	(Current mailir	g address, if different)			
0. 11					
Name and <u>street address</u> of Florida registered agent: (P.O Erik Chambers). Box <u>NOT</u> acceptable)	2021 SES		
Name:	Tark Chambers		三		
Office Address:	1006 Tranquiview LN		TILED MINN-PLAN 2: 10 SERVET - VERSEN		
	Valrico	. Florida 33594			
	(City)	(Zip code)	S. 15.		
9. Registered age	ent's acceptance:		- F 10		
Having been nam	ed as registered agent and to accept servi	ce of process for the above stat	ed corporation at the place		
aesignatea in this	application, I hereby accept the appointmomply with the provisions of all statutes re	tent as registered agent and av	ree to act in this canacity. I		
and I am familiar	with and accept the obligations of my pos	sition as registered agent.	ete perjormance oj my auties		
	(Registered agent's si	gnature)			

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.

A. DIRECTORS							
Chairman	Name: Joseph J. Kelly	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	8956 S. Oakley Avenue	□Director					
□President	Chicago, 1L 60643	□President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	Secretary	□Treasurer				
□Other		□Other					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director					
□President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	□Other	Other	Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
Secretary	Treasurer	□ Secretary	□Treasurer				
□Other	□Other	Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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. FS							
Typed or printed name and capacity of person signing application)							

File Number

7173-962-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ROOFING ADVOCATES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 28, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of

MAY

A.D. 2021

Authentication #: 2113904064 verifiable until 05/19/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE