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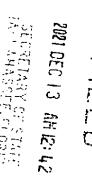
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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DEC 16 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: RJA Siding, Inc.	· · · · · · · · · · · · · · · · · · ·		. <u></u> .,		_
Name	of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Stand	ling" and check are subr			
Please return all correspondence concern	ning this matter	to the following:			
John S. Kampfe					_
	Name of F	erson			
Tiedeman, Lynch, Kampfe, McVay & Resp	eliers				_
	Firm/Comp	oany			
6910 Pacific Street, Suite 300					0.3
5710 Theme Street, State 500	Addre	SS			
0 1 22 1 20 20 10 10				3-37 3111	930
Omaha, Nebraska 68106-1045	City/State ar	d Zin code	··	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_[] 3
	City/State ai	a zip code		22 20	
jsk@omahalaw.com	s: (to be used for	or future annual report n	otification)	<u></u>	
E-man addres	ss. (to be used to	or rutare annual report in	omication)	140 J	Z) 1:2
For further information concerning this	matter, please ca	ıll:		zr-i	₹5
John S. Kampfe	at (402) 397-8900	· · · · · · · · · · · · · · · · · · ·	_	
Name of Person	Area Code	Daytime Teleph	ione Number		
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection prorations		
Enclosed is a check for the following am Please make check payable to: FLORIDA II \$70.00 Filing Fee	DEPARTMENT ng Fee & 🗆	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate Certified C	of Statu	ıs &

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.

	erporation; must include "INCORPORATE forp." "Inc," "Co," or "Corp.")	D," "CO	MPANY," "CORPORATION,"	,
(If name unavail	able in Florida, enter alternate corporate nam	ne adopte	d for the purpose of transacting	business in Florida)
2. Nebraska		3. 47-08	45406	ŕ
(State or count	y under the law of which it is incorporated)			icable)
4. October 23, 200)1	5. Perpe	tual	
	of incorporation)	(Date of duration, if other than perpetual)		
6.				
7 <u>. 814 SW St. Julie</u>	n Court, Port St. Lucie, Florida 34986 (Principal o	ffice stre	eet address)	
	(Current mai	ling addr	ess, if different)	2021
8. Name and stree	et address of Florida registered agent: (P	.O. Box	NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
Name:	Rolando Armas			중국 교
Office Address:	814 SW St. Julien Court			DEC 13 AM R: RETARY OF STA AMASSEE, FLOR
	Port St. Lucie		Florida 34986	
	(City)		(Zip code)	- ''

9. Registered agent's acceptance:

D. L. S. H. . .

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.

· A. DIRECTORS	,			
Chairman	Name: Rolando Armas	Chairman	Name:	
□Vice Chairman	Address: 814 SW St. Julien Court	□Vice Chairman	Address:	
■Director	Port St. Lucie, FL 34986	Director		
■ President		President		
□Vice President		□Vice President		
■ Secretary	Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		□Other
□Chairman	Name:	□Chaiπnan	Name:	
□Vice Chairman	Address:	Vice Chairman	Address:	
□Director	·	Director		
□President		President		
□Vice President		Vice President		
Secretary	□Treasurer	☐ Secretary		☐Treasurer
Other	Other	Other		Other O
□Chairman	Name:	Chairman	Name:	SSEF S
☐ Vice Chairman	Address:		Address:	95 2: 42
□Director		Director		
□President	•	President		
□Vice President		□ Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). e added to the index when filing your Florida I	Department of State Annual Re	port form,	
12	Signature of F	Director or Officer		.

s.817.155, F.S.

13. Rolando Armas

STATE OF NEBRASKA

United States of America, State of Nebraska ; ss.

Secretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

RJA SIDING, INC.

incorporated on October 23, 2001 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

November 19, 2021

Secretary of State