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(Cit	y/State/Zip/Phone	e #)					
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Special Instructions to Filing Officer:							
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Office Use Only



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## **COVER LETTER**

TO:	_	tration Section ion of Corporations				
SUBJ	ECT:	Nations Roof Intermediate, Inc	С.			
		Name of corporation - must include suffix				
Dear S	ir or M	adam:				
"Certif	icate of		of Good Stan	Authorization to Transact Business in Florida." ding" and check are submitted to register the ss in Florida.		
Please	return a	all correspondence concernin	g this matter	to the following:		
David (	Gersh					
			Name of	Person		
Nations	Roof,	LLC				
	_		Firm/Com	pany		
7040 B	attle Dr	ive Suite 200				
	_		Addre	ess		
Kennes	aw, GA	30064				
			City/State a	nd Zip code		
EConna	ally@N:	ationsRoof.com				
	-	E-mail address:	(to be used t	or future annual report notification)		
For fur	ther int	ormation concerning this ma	tter, please c	all:		
David Gersh		678	2792438			
	Name	e of Person	Area Code	Daytime Telephone Number		
	Regist Divisi The C 24151	CET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 tassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	nake che	check for the following amounts between the following amount between the following amounts betwe	PARTMENT Fee &	OF STATE  \$78.75 Filing Fee &  \$87.50 Filing Fee, 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.

Nations Roof In	ntermediate, Inc.			
(Enter name of o	corporation; must include "INCORPORATED, Corp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	business in Florida)	
2. United States	3. 20-5762960			
(State or counts 4. Delaware	ry under the law of which it is incorporated)  5.	(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 102, F.S., to determine penalty liability)	1	
7 851 E I-65 Servi		3/0/0/10		
••-		ce street address)		
	(Current mailin	g address, if different)	<del></del>	
0 No.	and continue to the second		2022 SEC	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C Corporation Service Company	b. Box <u>NOT acceptable)</u>	PILLE 2022 APR 29 P TALL KHASSEF	
Office Address:	1201 Hays Street		सिंट 🗝 🚹	
	Tallahassee	, Florida 32301	H 2: 0:	
	(City)	(Zip code)	경우 8 <b>3</b>	
Having been nam designated in this further agree to c and I am familian	ent's acceptance:  ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re with and accept the obligations of my pos- rporation Service Company	ent as registered agent and agree t lative to the proper and complete p	to act in this capacity. I	
a	y: Maureen DiCarlo			
Đ	y: Maursen Dd'arlo (Registered agent's sig	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 Richard Nugent Name: □ Chairman □ Chairman Name: 851 East I-65 Service Rd. South □Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_ Suite 300 □ Director □ Director Mobile, AL □President □President 36606 ☐ Vice President □Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer CEO □Other \_\_\_\_\_ Other \_\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman Name: ☐ Chairman □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. 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. Richard Nugent



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATIONS ROOF INTERMEDIATE, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL,

A.D. 2022.



Authentication: 203254360

Date: 04-24-22