V2200003863

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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S. FRANKLIN JUN 2 1 2022

COVER LETTER

TO:	Registration Section Division of Corporations					
SURI	ECT: SOS ROOFING INC	2				
56176		Name of corporation	ı - mus	t include suffix		
Dear S	ir or Madam:					
"Certif	closed "Application by Fo icate of Existence," or "Co referenced foreign corpora	rtificate of Good Star	iding"	and check are submi		
Please	return all correspondence	concerning this matte	r to the	following:		
STEVE	OLSON					
		Name of	Person	l		
SOS R	OOFING INC					2022 5 6 PH 1: 02
		Firm/Con	npany			ر بيس:
2028 V	7 4300 S					6
		Addr	ess			-5
ROY U	JT 84067					
		City/State a	ind Zip	code		02
steve@	sosroofingutah.com				 	
	E-mar	address: (to be used	for futi	are annual report not	ification)	
For fu	ther information concerning	ng this matter, please	call:			
STEVE	TEVE OLSON at () 5642068					
	Name of Person	Area Coo	le	Daytime Telepho	ne Number	
	STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303	e		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	
Please	——————————————————————————————————————	RIDA DEPARTMEN'	□ \$78.		■ \$87.50 Fil Certificate Certified (of Status &

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.

	orporation; must include "INCORPOR. orp," "Inc," "Co," or "Corp.")	ATED," "C	OMPANY," "CORPORATION,"		
SOS ROOFING	NAPLES INC				
(If name unavail	able in Florida, enter alternate corporate	name adop	ted for the purpose of transacting business	s in Florida)	
2. UTAH		3.			
(State or countr	y under the law of which it is incorpora	ited)	(FEI number, if applicable)		
4. 09/08/2020		5.			
(Date of incorporation)			(Date of duration, if other than perpe	perpetual)	
6.					
			rida, if prior to registration) F.S., to determine penalty liability)		
7. ²⁰²⁸ W 4300 S R	OY UT 84067			20:	
··· 	(Princi	ipal office st	reet address)	2022 Juri	
SAME				= = = = = = = = = = = = = = = = = = = =	
	(Curren	t mailing ad	dress, if different)	6	
				P	
8. Name and stree	et address of Florida registered agen	t: (P.O. Be	ox <u>NOT</u> acceptable)		
Name:	MIKE PRICE			1: 02	
Office Address:	152 LAKE POINT LN		_		
	NAPLES		34112		
	TATIBLES		_ , Florida <u> </u>		

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)

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.

^{1.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
Chairman	Name: STEVE OLSON	□Chairman	Name:	
□Vice Chairman	Address: 2028 W 4300 S ROY UT 84067	□Vice Chairman	Address:	
Director		□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
	Address:	□Vice Chairman		
Director		Director		
□President		□President		~
		□Vice President		التا المسا
☐ Secretary	□Treasurer	☐ Secretary		☐Treasure(P)
□Other		□Other		□Other □
				. 02
□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
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct Signature of Direct	tment of State Annual Re	eport form.	ourposes only. Non-indexed
	ctor signing this document (and who is listed in nuralse information submitted in a document to the De			
13. STEVE OLS	SON PRES		· · · · · · · · · · · · · · · · · · ·	

(Typed or printed name and capacity of person signing application)



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

05/31/2022 11934508-014205312022-754131

CERTIFICATE OF EXISTENCE

Registration Number:

11934508-0142

Business Name:

SOS ROOFING INC.

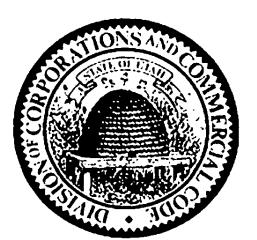
Registered Date: Entity Type:

September 08, 2020 Corporation - Domestic - Profit

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L'Weillette

Leigh Veillette Director Division of Corporations and Commercial Code