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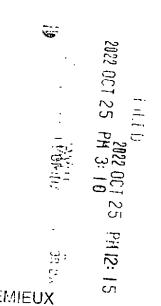
(Fi	Requestor's Name)			
A)	Address)			
(A	Address)			
(C	City/State/Zip/Phone #	r)		
PICK-UP	WAIT	MAIL		
(E	Business Entity Name	·)		
(Document Number)				
Certified Copies	Certificates o	f Status		
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T. LEMIEUX OCT 2 6 2022

COVER LETTER

TO:		tration Section ion of Corporations		
SURI	ECT:	INDEMNITY ROOFING, INC		
50136	LC1.	Name of	corporation -	must include suffix
Dear S	Sir or M	adam:		
"Certi	ficate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.
Please	return	all correspondence concerning	this matter to	o the following:
ADRI	AN MIE	DDLETON, ESQ		
			Name of Po	erson
SWOF	RD & SF	HELD LLC		
		•	Firm/Comp	any
1437 1	MARKE	T ST		
			Addres	S
TALL	.AHASS	EE, FL 32312		
		(City/State and	l Zip code
BIZ@	SWORE	DANDSHIELD.COM		
	-	E-mail address: (to be used fo	r future annual report notification)
For fu	rther in	formation concerning this matt	ter, please ca	II:
ADRI	ADRIAN MIDDLETON, ESQ at (850) 815 0256		815 0256	
	Nam	e of Person	Area Code	Daytime Telephone Number
	Regis Divis The 0 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	make cl	check for the following amounteck payable to: FLORIDA DEP ing Fee S78.75 Filing Certificate of	ARTMENT (Fee &	DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

1.	INDEMNITY R	OOFING, INC				
		orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,	**		,
	(If name unavaila	ble in Florida, enter alternate corporate name add	pted for the purpose of transacting	business in Fl	orida)	-
2.	TEXAS	3. 85	-0921286			_
4		y under the law of which it is incorporated)	(FEI number, if app			
₩.	(Date	of incorporation) 5	(Date of duration, if other th	an perpetual)		
6.	<u></u>	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability	y)		-
7	1800 SHILOH RI	O STE 205 TYLER, TX 75703-2456		\	26	
•		(Principal office	street address)		12 001	•
		(Current mailing a	ddress, if different)		52	- -
8.	Name and stree	t address of Florida registered agent: (P.O. E	Box NQT acceptable)	7. 9. 9.	2 OCT 25 PM 3: 10	<u>C.</u>
0	ffice Address:	1437 MARKET ST	<u></u>	• .	ت	
		TALLAHASSEE	, Florida 32312 (Zip code)			
		(City)	(Zip code)			
H de fu	aving been name esignated in this orther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela with and accept the obligations of my positions.	nt as registered agent and agree tive to the proper and complete	e to act in this	s capa	city. I
		(Registered agent's sign	ature)			

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. 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: KYLE NEEDHAM	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	1800 SHILOH RD STE 205 TYLER	□Director		
■ President	TX 75703-2456	□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
□ 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 attact added to the fullex when filing your Florida Department of Director of Signature of Director of Control of the signing this document (and who is listed in number	nt of State Annual Re	eport form.	
she is aware that fi s.817.155, F.S.	alse information submitted in a document to the Depart	ment of State constitu	ites a third degree	felony as provided for in
13 KYLE NEED	JUNIAINI			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Indemnity Roofing Inc. (file number 803596807), a Domestic For-Profit Corporation, was filed in this office on April 20, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 24, 2022.



John B. Scott Secretary of State