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M. SOLOMON MAY 1 3 2024

COVER LETTER

TO:	Registration Section Division of Corporation						
SURJ	ECT: Mid State Ro	ofing _j Inc.					
0020		Name of corporat	ion - m	ust include suffix			_
Dear S	Sir or Madam:						
"Certi	ficate of Existence,"	by Foreign Corporation f or "Certificate of Good S orporation to transact bus	tanding	g" and check are sub			
Please	return all correspon	dence concerning this ma	tter to t	he following:			
Larry 1	Leitner						
		Name	of Pers	on			_
Mid St	ate RoofingJInc.						^
		Firm/C	ompan	у			124
205 Oak Drive						经营	924 APK
Lexing	ton, SC 29073	Ad	Idress			- 1288 10388 10388	_ 25 AM
gofixit	@midstateroofing.com	City/Stat	e and ?	ip code		31719	_ 18: 24 14
		E-mail address: (to be use	d for f	uture annual report r	notification)		_
For fu	rther information col	ncerning this matter, pleas	se call:				
Blake	Leitner	at (⁸⁰³)	466-4101			
	Name of Person	Area C	ode	Daytime Telep	hone Number	_	
	STREET/COURI Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		
Please	= =	following amount: b: FLORIDA DEPARTME S78.75 Filing Fee &		STATE 8.75 Filing Fee &	□ \$87.50 Fi	ling Fee	
۱۱ س ت		Certificate of Status		ertified Copy	Certificat Certified	e of Statu	is &

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.

Mid State Roofing Inc. 1.						
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"			
Mid State Florid	la Roofing Inc.					
(If name unavail	able in Florida, enter alternate corporate na	me ac	dopted for the purpose of transacting bus	siness in Florida)	
2. South Carolina		3. 2	20-2017040			
(State or countr	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		_	
4. 12/21/2004		5.				
	(Date of incorporation)		(Date of duration, if other than perpetual)		_	
6. 5/1/24						
			Florida, if prior to registration) 2, F.S., to determine penalty liability)		_	
205 Oak Drive	(SEE SECTIONS 607.1301 & 60	7.136	2, r.s., to determine penalty hability)			
7	(Principal	offic	e <u>street</u> address)		_	
1001	CC CANU					
<u>Lexing</u>	(Current ma	illing	address, if different)	2000 15.	2024	
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)		2024 APR 2	
Name:	Registered Agents Inc			1887 1987 1987	Ċ	
Office Address:	7901 4th St N STE 300			. F S T	AH 8:	
	St. Petersburg		, Florida ³³⁷⁰²	AC TO	: 24	
	(City)		(Zip code)			

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.

David Scherts
(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:	□ Chairman	Name:	· · · · ·
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Lexington, SC 29073	□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 2024
Other	□Other	Other		Other APR
				R 25
Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	031A 22
□Director		Director		<u>₹**</u>
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
Important Notice: individuals may be	Use an attachment to report more than six (6). To added to the index when filing your Porida Do	he attachment will be image partment of State Annual Ro	ed for reporting peport form.	urposes only. Non-indexed
12.	Signature of Dir	ector or Officer		
The officer or dire	ctor signing this document (and who is listed in		nat the facts state	d herein are true and that he

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 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.

13. Larry Leitner

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

MID STATE ROOFING, INC., a corporation duly organized under the laws of the State of South Carolina on December 21st, 2004, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of February, 2024.

Mark Hammond, Secretary of State