M0500001623

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		10
1		
	Office Use Onl	



400048303174

03/25/05--01032--018 **160.00

MJH

05 M/R 25 PH 1: 37

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Carlon Roofing, LLC		
	Liability Company)	
The enclosed "Application by Foreign Limited Liabili Florida," Certificate of Existence, and check are subm liability company to transact business in Florida	ty Company for Authorization to Transact Business in litted to register the above referenced foreign limited	
Please return all correspondence concerning this matter	er to the following:	
Gerald J. Carlon		
(Name	of Person)	
Carlon Roofing, LLC		
(Firm/	Company)	
5734 Corporation Circle		
(Ac	ldress)	
Fort Myers, FL 33905		
(City/State	and Zip Code)	
For further information concerning this matter, please	call:	
Melody D LeGrand	at (502) 458-9898	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & I Certificate of State	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Cor	mpany)	
Kentucky 3, 61-1307	7319	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
(Date of Organization) 5. perpetu		<u> </u>
(Date of Organization) (Durati	on: Year limited liability company will cease "perpetual")	to
upon qualification		
(Date first transacted business in Florida, if prio (See sections 608.501 & 608.502 F.S. to determine		
1430 Selinda Ave. Louisville, KY 40213		
	Ver S	 ? n
(Street Address of Principal	Office)	<u>-</u>
. If limited liability company is a manager-managed company,	<u></u>	
TT 11 11 01 01		2
. The name and usual business addresses of the managing men	nbers or managers are as follows:	- ;
Gerald Carlon - 1430 Selinda Ave. Louisville, KY 40213 - Managir	ng member cu	·
Wes Beams - 5734 Corporation Circle Fort Myers, FL 33905 - Ma	نز enager	
). Attached is an original certificate of existence, no more than 90 days old, duly e jurisdiction under the law of which it is organized. (A photocopy is not accept anslation of the certificate under oath of the translator must be submitted.)	ptable. If the certificate is in a foreign language	freco
1. Nature of business or purposes to be conducted or promoted	in Florida: Nooling	— —
Server of Cale		
Signature of a member or an authorized re (In accordance with section 608.408(3), F.S., the execution an affirmation under the penalties of perjury that the fe	tion of this document constitutes	
Gerald J. Carlon		

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Carlon Roofi	ng, LLC		
2. The nam		ddress of the registered agent and office are:	
	Douglas Hay		
		(Name)	_
	1017 Tamarind Rd		
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	
	Delray	<u>FL</u> 33483	
		City/State/Zip	
liability com agent and ag relating to th	pany at the place designat gree to act in this capacity he proper and complete pe	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoin I further agree to comply with the provisions of rformance of my duties, and I am familiar with I agent as provided for in Chapter 608, Florida	ntment as registered of all statutes and accept the

\$ 1	100.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)



Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CARLON ROOFING, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is August 1, 1996.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 22nd day of March, 2005.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
BWeber/0419579 - Certificate ID: 12287