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(Re	questor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(00	cument Number)				
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

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SLORE // R. J. F. STATE
TALLAHASSEF FI DATE

AUG 3 2011 EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Roofin	9 Prof					
		(Name of Limi	ited Liability Co	ompany)			
Florida," Cert	"Application by Foificate of Existence any to transact bus	e, and check are su	bility Company bmitted to regis	for Authoriza ter the above	tion to Transa referenced for	et Busines eign limite	ss in ed
Please return	all correspondence	concerning this m	atter to the follo	owing:			
	Do.	nald E	. Hai	9ht			
		(Na	me of Person)				
	footing	Profes	sionals	L L	<u>_</u>		
		(Fir	m/Company)			_	
	4701	Popler	Rilge	Drive	ĵ	<u> </u>	
			(Address)			11 AUG	
	Fort	Worth,	TX	7612	23		
		(City/Sta	nte and Zip Code	e)			
For further int	formation concerni (Name of ANG ADDRESS:	ng this matter, plea	ase call:			(P) STATE	J
00	inald E.	Height	at (817	793-	- 2449	<u>. </u>	
	(Name of	Person)	(Area Code	: & Daytime T	elephone Nui	nber)	
Divisio P.O. B	ING ADDRESS: on of Corporations ox 6327 assee, FL 32314		STREET AD Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	orporations ng e Center Circl			
	check for the follow		□\$155.00 Filin Status Cert	ig Fee & \$_\\$ified Copy	160.00 Filing Fe of Status	e, Certificate & Certified	

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Rooting Processionals LLC, (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date:
Signature(s) of Manager(s) and/or Managing Member(s):
Sole herbes Menages
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LAR.
1. SS
ORI ORI
——————————————————————————————————————

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:
1. Roofing Professionals LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
All Builder Services LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2 Texas 3 20-5369677
2. Texas (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-5369677 (FEI number, if applicable)
4. 8 / 15 / 2006 (Date of Organization) 5. Per petual (Duration: Year limited liability company will cease to
exist or "perpetual")
6. No business until licensed
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4701 Poplar Ridge Drive Fort Worth, TX 76123 (Street Address of Principal Office)
Fort Worth, TX 76123
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as tollows:
Donald E. Height, 4701 Poplar Ridge Drive, Fort Worth TX 76123
Fort Worth, TX 76123
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11 Nature of hyginess or numbered to be conducted on anomated in Florida.
11. Nature of business or purposes to be conducted or promoted in Florida:
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
JONALO HAIGHT
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.

1. The name of the Limited Liability Company is:	
Roofing Professionals LLC	
If name unavailable, the alternate name to be used in the state of Florida is: All Builder Services LLC	, e *
2. The name and the Florida street address of the registered agent and office are:	
In Balance Inc. (Name)	
(Name)	
12268 Tamian: Til. E., Ste 301 FE	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u>0</u>
Naples, FL 34113	PH III
City/State/Zip CRAF	PHI2: 52
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all starelating to the proper and complete performance of my duties, and I am familiar with and accordinates of my position as registered agent as provided for in Chapter 608, Florida Statute (Signature)	limited as registered atutes cept the

\$ 100.00 Filing Fee for Application

\$ 30.00

\$ 25.00 Designation of Registered Agent **Certified Copy (optional)**

\$ 5.00 Certificate of Status (optional)

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



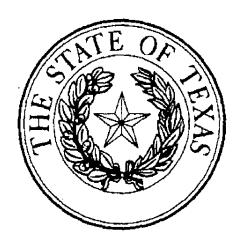
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Roofing Professionals LLC (file number 800693907), a Domestic Limited Liability Company (LLC), was filed in this office on August 15, 2006.

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 June 08, 2011.



Hope Andrade Assertary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 371461010005



June 15, 2011

DONALD E. HAIGHT 4701 POPLAR RIDGE DRIVE FT. WORTH, TX 76123

SUBJECT: ROOFING PROFESSIONALS LLC

Ref. Number: W11000032547

We have received your document for ROOFING PROFESSIONALS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F03000003838.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 411A00014640



July 22, 2011

DONALD E. HAIGHT 4701 POPLAR RIDGE DRIVE FT. WORTH, TX 76123

SUBJECT: ROOFING PROFESSIONALS LLC

Ref. Number: W11000032547

We have received your document for ROOFING PROFESSIONALS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Letter Number: 411A00017366

Barbara Bostick Regulatory Specialist II

www.sunbiz.org