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July 11, 2012

DAVID REESE ROPER HURRICANE FABRIC, LLC 1 FIRST MISSOURI CENTER, STE. 218 SAINT LOUIS, MO 63141

SUBJECT: HURRICANE FABRIC, LLC

Ref. Number: W12000033193

We have received your document for HURRICANE FABRIC, 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):

We are sorry to be returning your filing a second time, but you have still not listed the NAMES of the company's MANAGERS or MANAGING MEMBERS in Item 9.

Please enter these NAMES in Item 9.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 212A00018615



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2012

DAVID REESE ROPER HURRICANE FABRIC, LLC 1 FIRST MISSOURI CENTER, STE. 218 SAINT LOUIS, MO 63141

SUBJECT: HURRICANE FABRIC, LLC

Ref. Number: W12000033193

We have received your document for HURRICANE FABRIC, 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):

In addition to the addresses in Item 9, please list the NAMES of your company's MANAGERS or MANAGING MEMBERS.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 512A00017053

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June 19, 2012

DAVID REESE ROPER HURRICANE FABRIC, LLC 1 FIRST MISSOURI CENTER, STE. 218 SAINT LOUIS, MO 63141

SUBJECT: HURRICANE FABRIC, LLC Ref. Number: W12000033193

We have received your document for HURRICANE FABRIC, 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):

In addition to the addresses in Item 9, please list the NAMES of your company's MANAGERS or MANAGING MEMBERS.

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) 245-6051.

Letter Number: 512A00017053

Buck Kohr Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Hurricane Fabric, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Reese Roper		
	Name of Person	
Hurricane Fabric, LLC		
	Firm/Company	
1 First Missouri Center	Suite 218	
	Address	
Saint Louis, Mo 63141		
	City/State and Zip Code	
droper@alliantcap.co	om (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:	
David Roper	at (314	576-7900 ext:307
Name of Person	Area Code & Daytime	Telephone Number
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section P.O. Box 6327	Registration Section Cliften Building	·
Tallahassee, FL 32314	2661 Executive Center C Tallahassee, FL 32301	irele
Enclosed is a check for the following amor	unt:	
S125.00 Filing Fee S130.00 Filing F Certificate of Str		e & \$\int_{\text{5160.00 Filing Fee, Certificate}}\) of Status & Certified Copy

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

IN COMPLINE BIHESPOTION (0050), FLORIDA STATERIA HIB TOLLOUING IS NERVILLID TO REGISTER A LORIGIA

11/1/11	DITHRUTY COMPAN TO RANSCERSING SINTENERS (FOR FEORID):	
_{i.} Hur	rricane Fabric, LLC	
1	Name of Foreign Limited Frability Company, must melide. Finited Frability Company. [FT C] or [FT C] is	
onsent	c unavailable, enter alternate name adopted for the purpose of transacting business in Horida and attach a copy of the managers or managing members adopting the alternate name. The alternate name most melide "Unitted Fraces" $(0.1111) \times (0.1111) \times (0.1111)$	
Miss		
	ediction under the low of which foreign hunted highly the low of the lamber of applicable) saily is organized).	
1. 12/	23/2011 5 perpetual (Date of Organization) Contained Partial Cont	;-
·	(Date first transacted business in Horida, () prior to registration () (See sections 608 501 & 608 502 F.S. to determine penalty hability)	-on s
. 150	·	1510
130	05 Poinsettia dr Building H Suite 2	建汽
Del	Iray Beach, FI 33444	جيد ا
	(Sizel Address of Pinterpa Onice)	C
s 1f fi	imited liability company is a manager-managed company, check here 🗹	S ON
DA	name and usual business addresses of the managing members or managers are as follows: AVID REESE ROPER First Missouri Center Suite 218, Saint Louis, Mo 63141	Ranging Hone
15	505 Poinsettia dr Building H Suite 2 Delray Beach, Fl 33444	
		—
la: jured	iched is an original certificate of existence, no more dans 90 days old, duly authenticated by the official farang custody of a diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a libroign language, a on of the certificate under cuth of the translator most be submitted.)	
H. Na	nuire of husiness or purposes to be conducted or promoted in Florida:	
Ass	semble and sell fabric hurricane protection	<u>_</u> .
	let Ita	
	Signature of a member or an authorized representative of a member	
	Or accordance with section (a) (1983), 1.8. The execution of this document constitutes an attribution under the	
	penalties of perpire that the faces outed herein are true. Land aware that may labe unformation submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ \$17.155.3.8.7. [] Man Roper	
	Typed or printed name of sisper	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTION 608 415 or 608,50°, FLORIDA'S FATE TES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT FO DUSIGNAUL A REGISTERFO OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

3. The name of the Limited Liability Company is:				
Hurricane Fabric, LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida street address of the registered agent and office are.				
David Roper				
(Nane)				
1500 Poinsettia dr bldg-H ste-2 Delray Beach, Fl 33444 Dondo Sirect Address (P.O. Box. NOT we (PONG))				
FL Cay State App				
Horing been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registere agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familian with and accept the obligations of my position of explicited agent as provided for in Chapter 608, Florida Standes. (Signature)				
S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent S 30.00 Certified Copy (optional) S 5.00 Certificate of Status (optional)				

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

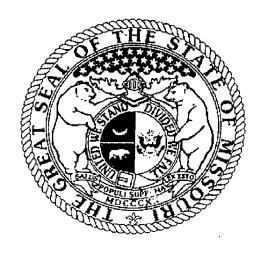
HURRICANE FABRIC, LLC LC1191222

was created under the laws of this State on the 23rd day of December, 2011, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 15th day of June, 2012

n Amahan

Secretary of State



Certification Number: 14740410-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp