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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T I I I

JUL 2.8 2015 J. BRUCE

#### **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJ	Freeman Roofing, LLC		
3000	Name of Limited Liability Company		
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ice, 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:		
	Kaylan Walden		
	Name of Person		
	Liberis Law Firm		
	Firm/Company		
212 W. Intendencia St.			
	Address		
	Pensacola, FL 32502		
	City/State and Zip Code		
	registeredagent@Liberislaw.com		
For fur	E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Kaylan Walden  Name of Contact Person  Area Code  Daytime Telephone Number		
	Kaylan Walden 850 438-9647		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Control of Corporations Registration Section Clifton Building Tallahassee, FL 32301		
Enclos	ed is a check for the following amount:  \$\Bigsize \frac{1}{2}\$125.00 \text{ Filing Fee}  \Bigsize \frac{1}{2}\$130.00 \text{ Filing Fee}  \Bigsize  \$\Bigsize \text{ \$\Bignize \text{ \$\Bigsize \t		

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

. . . ------

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. Freeman Roofing, LLC (Name of Fore	ign Limited Liability Company; must	include "Limited Liabi	lity Company," "L.L.C	.," or "LLC."	)	
						<del></del> .
Liability Company," "L.L.C,"	ternate name adopted for the purpose of or "LLC.")	of transacting business	in Florida. The alternat	e name must	includ	e "Limited
2. Wyoming		3				
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable						
4.						
	(Date first transacted business (See sections 605.0904 & 605.09	s in Florida, if prior to 1 905, F.S. to determine	registration.) penalty liability)			
5. 4201 Auckland Road						
Pace, FL 32571						
	(Street Address of Pr	incipal Office)				
6. 212 W. Intendencia St.				<u> </u>	20	
Pensacola, FL 32502				ECRETAR)	2015 JUL 27	77
	(Mailing Ac	ddress)		A A	<del></del>	
7. Name and street addres	s of Florida registered agent: (P.O	). Box NOT accepta	ble)		7	
Name:	Charles S. Liberis		<b>,</b>		Ū	
Office Address:	212 W. Intendencia St.	·-	, w	TA OR	2 2	
	Pensacola		Florida 32502		30	
	(City)		(Zip cod	e)		
this application, I hereby	gistered agent and to accept servic accept the appointment as registed statutes relative to the proper and ition as registered agent.	red agent and agree	to act in this capacit	y. I further	agree	to comply
8. The name, title or capa	acity and address of the person(s) v	vho has/have authori	ty to manage is/are:			
James Freeman, Manager						
		·				
					_	
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be st</li> </ol>	of existence, no more tham 90 days of which it is organized. (If the cerubmitted)	s old, duly authentica tificate is in a foreg	ated by the official han language, a translat	ving custod ion of the ce	y of re ertifica	cords in the te under oat
	Signature o	f an authorized person				
This document is executed	f in accordance with section 605.02 to the Department of State constitute	203 (1) (b), Florida S	tatutes. I am aware th	at any false	inform	nation

Typed or printed name of signee

Charles S. Liberis

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### Freeman Roofing, LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 18, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000689234**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of July, 2015 at 1:51 PM. This certificate is assigned 018147829.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.