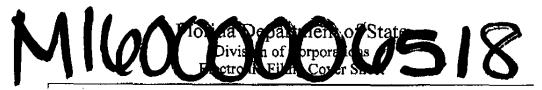
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000199528 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN HOGAN,

Account Number: I19990000015

: (727)461-1111

Fax Number

: (727)461-6430

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company ROOF HUGGER, LLC

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Corporate Filing Menu

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Facsimile (727) 461-6430 www.mcfarlandgouldlaw.com

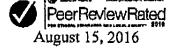
By Appointment Only East Lake Office 3490 East Lake Road, Suite B Palm Harbor, FL 34685

Tarpon Springs Office 210 S. Pinellas Avenue, Suite 112 Tarpon Springs, Florida 34689

Land O Lakes Office 19337 Shummard Ock Dr., Suite 102 Land O Lake, Florida 33548

Certified Arbitrator
 Member Multi-Million Dollar Advocates Forum
 Board Certified Criminal Trial Attorney

Source Certains Count Certified Circuit Court Medianor
 AV Recol Arrorney
 Also Licensed in Minnerous
 Of Counsel



TRANSMITTAL BY EMAIL

Florida Department of State Division of Corporations Attention: Deborah Bruce P.O. Box 6327 Tallahassee, Florida 32314

RE:

Roof Hugger, LLC Ref: W16000056393

Letter Number: 616A00017152

Dear Deborah:

Pursuant to our discussion, please find attached the revised Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida reflecting the title of Robert L. Baker as Manager.

Thank you for your cooperation in this matter.

Lisa Shuman

Legal Assistant to,

ry truly yours,

Gary W. Lyons, Esquire

LS Enclosures

P.002/006

850-617-6381

8/15/2016 9:31:17 AM PAGE 1/001 1

1/001 Fax Server



August 15, 2016

FLORIDA DEPARTMENT OF STATE

MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

SUBJECT: ROOF HUGGER, LLC

REF: W16000056393

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H16000199528 Letter Number: 616A00017152

2016 AUG 15 AM II: 18 TÄLLISEAM SELITTIÄREA 16 AUC 15 AH 8: 54
SECHED SECTORING

CONSENT TO FILING OF APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA OF ROOF HUGGER, LLC

By my signature below as the President of ROOF HUGGER, INC., a Florida corporation incorporated on November 21, 1991 under Document #\$95592, and on its behalf, I hereby consent to the filing of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida by ROOF HUGGER, LLC with the Florida Department of State, Division of Corporations.

ROOF HUGGER, INC.

By: 1 alec

DALE G. NELSON President

Dated: _______, 2016

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

	ON 603.0902, FLORIDA STATUTES, INESS INTHE STATE OF FLORIDA		LOWING IS SU	/BA 4TTE D 1	TO REGISTER A FL	Drekon low	MED LLA	BILITY
Roof Hugge	r, LLC		 					
(Name of Foreig	n Limited Liability Company; mus	r include "	Limited Liabili	ity Compan	y," ''L.L.C.," or ''!	TC.")		
(If name unavailable, enter alto Liability Company," "L.L.C," o	reate name adopted for the purpose				he alternate name	must include	- Limite	i
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6. <u>P.O. Box 1027</u>						- (m)		بر. ا
Odessa, FL 335	56-1027 (Mailing /	Address				Tit	<u>ري</u>	
m vv	, ,		IOT saannisk	اما		2	ĊΠ.)
	of Florida registered agent: (P.	C. BOX [401 occeber	,,,,,				
Name:	Dale G. Nelson					-2ϕ	Ċ	
Office Address:	18440 Wayne Rd.	, · · · · · ·				至至	<u>51</u>	
	Odessa			Florida _	33556	>- DIT	4-	
Registered agent's accepta	(City)				(Zip code)			
Having been named as read	istered agent and to accept serv on, I hereby accept the appoint	ice of proment as r	ocess for the o	above state	ed limited liabili- res to act in this	ly company capacity. I	at the p	agree
to complywith the provision	is of all statutes relative to the py position as registered agent	proper an	id complète p	retorman	ce of my duties,	and I am fa	miller v	ith and
accept the configurous or m	y position as registered again.	<u> </u>	7	\sim				
-			's signature)					
9. The name title as enum	ity and address of the purson(s)							
Robert L. Baker	-	WIIO IIOW	IMAR COMPLIC	A no mene?	is ingle:			
		V						
1100 E. Main St					··	************		
Logansport, IN	16947				· · · · · · · · · · · · · · · · · · ·	-		
9. Attached is a certificate o	f existence, no more than 90 day	ys old, du	dy authenticat	ted by the	official having c	istody of re	cords in	the
jurisdiction under the law of of the translator must be sub	which it is organized. (If the comitted)	etificate i	is in a foreign	language,	a translation of i	he certifica	to under	oath
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-	Signature	of an auth	orized person					
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State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ROOFHUGGER LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 12, 2016, and was in existence of authorized to transact business in the State of Indiana on August 05, 2016.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 05, 2016

Corrie Lawson

CONNIE LAWSON SECRETARY OF STATE

2016021200393 / 201676569

Verify this certificate: https://bsd.sos.in.gov/ValidateCertificate