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## **COVER LETTER**

المراجع المحاد

TO: Registration Section Division of Corporation	ns		
SUBJECT: Above	2 All Rooting 1 Name of L	Contractor, LL imited Liability Company	<u>C</u>
			nsact Business in Florida," Certificate of company to transact business in Florida
Please return all correspondence of	concerning this matter to the f	ollowing:	
	James A	llan Satter me of Person	field
	Above All	Roofing Contr	actor, LLC
		isiana Ave	
<u></u>		TN 37206 ate and Zip Code	
al	oveal roofing E-mail address: (to be used	_	
For further information concerning	g this matter, please call:	_	
Kathy (	Pribbs of Contact Person	at ( <u>615</u> ) 47	12-1841 time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

		FOLLOWING IS SUBMITTED TO REGIST	TER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BOS	INESS INTHE STATE OF FLORIDA:	110	
1. Above M		CTOY, LLC	
. •	· .5	, , , , , , , , , , , , , , , , , ,	,
(If name unavailable, enter alternate nar	ne adopted for the purpose of transaction business in	Florida. The alternate name must include "Limited Lin	ability Company," "L.L.C," or "LLC.")
2. Jenness.	ee <u>dec. of date</u>	. 3. <u>XD-Dlolo (</u>	) / 0 4 aber, if applicable)
<b>.</b>	,	,	,,
4	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.)	
5 4901 Louisi	. // .	Hanc penany manny)	aug Aup.
(Street Address of Pro	incipal Office)	O. TIVI MONISTA	7700
Nashville,	IN 37209	<u>Nashville, 1</u>	N 51201
7. Name and street address	of Florida registered agent: (P.O. B	ox NOT acceptable)	294
Name:	C 1 4 11 17	brunton	
	1100 00 1 1	A(	<b>2</b>
Office Address:	1170 22nd Ave	/ <u>V·</u>	D → NO 1000
	Naples	, Florida <u>3410</u>	
Registered agent's accept			- B B M
		of process for the above stated limited t as registered agent and agree to ac	
to comply with the provision	ons of all statutes relative to the prop	per and complete performance of my	
and accept the obligations	of my position as registered agent.	4	, <b>78</b>
	(Registered Agen	n's signature)	<del></del>
9 The name title or sens	city and address of the person(s) who	has/have authority to manage is/are-	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Owner	Tames Allan Satter	field Sonior VP Naples	Paul Anthony Brunton
	4901 Louisiana Av	ie.	1170 22M AVE N
	ANDMAILE J. I D. I.	<del>-1</del>	-1000153 1 1 1 1 1 1 1 1 2 1 1 1 2 2
Controller	Kathy Cribbs		
	Nashville, TV 37	<u>ve</u> 2 <del>01</del>	*****
(Use attachments if necess	ary)		
9. Attached is a certificate	of existence, no more than 90 days of	d, duly authenticated by the official h	saving custody of records in the
jurisdiction under the law of	f which it is organized. (If the certific	cate is in a foreign language, a transla	
of the translator must be su	bmitted)	00	
	1 vally	Market person	
10. This document is a	•	203 (1) (b), Florida Statutes. I am awa	
submitted in a document to	the Department of State constitutes a	third degree felony as provided for in	18.817.155, F.S.
	Kathy Cri	bbs	
	Туро	d or printed name of signee	<del> </del>



# **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

ALLAN SATTERFIELD

4901 LOUISIANA AVE NASHVILLE, TN 37209 May 22, 2017

Request Type: Certificate of Existence/Authorization

Request #:

0238690

Issuance Date: 05/22/2017

Copies Requested:

**Document Receipt** 

Receipt #: 003388833

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3702760753

\$20.00

Regarding:

ABOVE-ALL ROOFING CONTRACTOR LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 03/22/2005

Status:

Active

Duration Term:

Expires: 03/22/2045

Business County: DAVIDSON COUNTY

Processed By: Cert Web User

Control #:

490076

Date Formed:

03/22/2005

Verification #: 022543219

Formation Locale: TENNESSEE

Inactive Date:

**CERTIFICATE OF EXISTENCE** 

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### ABOVE-ALL ROOFING CONTRACTOR LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Phone (615) 741-6488 \* Fax (615) 741-7310 \* Website: http://tnbear.tn.gov/