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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

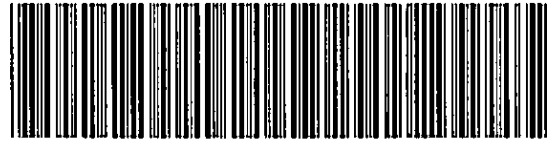
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Experienced Preservation, 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:

Tracy Brown

\_\_\_\_\_  
Name of Person

Experienced Preservation, LLC

\_\_\_\_\_  
Firm/Company

3472 Remsen Rd.

\_\_\_\_\_  
Address

Medina, Ohio 44256

\_\_\_\_\_  
City/State and Zip Code

gandbroofing@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Brown

216

316-2465

at ( )

\_\_\_\_\_  
Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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**

*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. Experienced Preservation LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Ohio (Jurisdiction under the law of which foreign limited liability company is organized)      3. 45-3622812 (FEI number, if applicable)

4. None prior to registration  
(Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3472 Remsen Rd. (Street Address of Principal Office)      6. 3472 Remsen Rd. (Mailing Address)  
Medina, Ohio 44256      Medina, Ohio 44256

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: John Slavik  
 Office Address: 8677 Cavano St.  
Naples, Florida 34119  
(City)      (Zip code)

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**Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*John Slavik*  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>Tracy Brown</u> <u>3472 Remsen Rd.</u> <u>Medina, OH 44256</u>	<u>Partner</u>	<u>John Slavik</u> <u>8677 Cavano St.</u> <u>Naples, FL 34119</u>
<u>Partner</u>	<u>John Green</u> <u>3472 Remsen Rd.</u> <u>Medina, OH 44256</u>		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Tracy Brown*  
Signature of an authorized person

Tracy Brown  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show EXPERIENCED PRESERVATION LLC, an Ohio For Profit Limited Liability Company, Registration Number 2055637, was organized within the State of Ohio on October 17, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of July, A.D. 2018.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201819901380