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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING
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Phone : (954)567-0013
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kathy@apiprocessing.com

Foreign Limited Liability Company
Best Choice Roofing West Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0903, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Best Choice Roofing West Florida, 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-1250691
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 8870 North Himes Avenue, Box 336
(Street Address of Principal Office)
Tampa, FL 33614
6. 8870 North Himes Avenue, Box 336
(Mailing Address)
Tampa, FL 33614

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable).

Name: API Processing - Licensing, Inc.

Office Address: 3419 Gal: Ocean Drive, Suite A
Fort Lauderdale, Florida 33308
(City) (Zip code)

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.

Kelly Bellum
(Registered agent's signature)

8. The name, title or capacity 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:
MGR	Benjamin R. W. Banks, IV 8870 North Himes Avenue, Box 336 Tampa, FL 33614	MGR	Wayne Holloway 8870 North Himes Avenue, Box 336 Tampa, FL 33614

(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.

Wayne Holloway
(Signature of an authorized person)

Wayne Holloway
(Typed or printed name of signer)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102

API PROCESSING - LICENSING, INC.
STE A
3419 GALT OCEAN DR
FORT LAUDERDALE, FL 33308-7003

July 30, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0284474

Issuance Date: 07/30/2018
Copies Requested: 1

Document Receipt

Receipt #: 004215341

Filing Fee: \$20.00

Payment-Check/MO - API PROCESSING - LICENSING, INC., FT. LAUDERDALE, FL

\$20.00

Regarding: BEST CHOICE ROOFING WEST FLORIDA, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 974009

Formation/Qualification Date: 07/13/2018

Date Formed: 07/13/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SUMNER COUNTY

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

BEST CHOICE ROOFING WEST FLORIDA, 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, interest, 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 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.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Verification #: 028876736
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