

M18000007232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

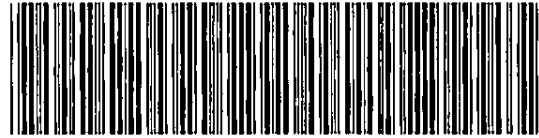
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-67093

Office Use Only



200315783942

07/17/18--01005--018 **130.00

RECEIVED

JUL 16 2018

FILED
18 AUG -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
AUG 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2018

JOHN OLINGER
5060 E 62ND ST
INDIANAPOLIS, IN 46220

SUBJECT: STAY DRY ROOFING LLC
Ref. Number: W18000067093

We have received your document for STAY DRY ROOFING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00015129

69

RECEIVED

2018 AUG -6 AM 11:04

ARTHER
IN OF C
AHS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stay Dry Roofing, 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:

John Olinger
Name of Person

Stay Dry Roofing, LLC
Firm/Company

5060 E. 62nd Street
Address

Indianapolis, IN 46220
City/State and Zip Code

John @ staydryroofing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Jones at (317) 701-5050
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 605.01, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Stay Dry Roofs LLC
(Name of Foreign Limited Liability Company; may include "Limited Liability Company," "LLC," or "L.L.C.")
Stay Dry Exteriors, LLC
(If more than one alternate name submitted for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")
2. INDIANA 3. 81-2681930
(Jurisdiction under the law of which foreign limited liability company is organized) (FE number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 602.090(4) & 602.090(5), F.S. to determine penalty liability.)
5. 4901 Vineland Road 6. 4901 Vineland Road
(Street Address of Principal Office) (Mailing Address)
Suite 260 Suite 260
Orlando, FL 32811 Orlando, FL

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

Name: URS Agents, LLC
Office Address: 3458 Lakeshore Dr.
Tallahassee, Florida 32312
(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.

URS Agents, LLC

By: Amy Purdy
(Registered agent's signature)

Amy Purdy, Assistant Secretary

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:
<u>OWNER</u>	<u>JOHN OLINGER</u> <u>5445 BROADWAY ST.</u> <u>INDIANAPOLIS, IN 46220</u>		
<u>PRESIDENT</u>	<u>BENJAMIN JONES</u> <u>6239 SPRENGER AVE.</u> <u>DOWNERS GROVE, IL 60516</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 exempted in accordance with section 605.01(7)(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.

Signature of an authorized person

John Olinger

Typed or printed name of signer

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

STAY DRY ROOFING LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 11, 2016, and was in existence or authorized to transact business in the State of Indiana on June 26, 2018.

I further certify 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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 26, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201605111140868 / 2018654669

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 26, 2018.