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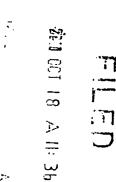
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COVER LETTER

то:	Registration Section Division of Corporation	ons					
SUBJI	River Cities Roofi	ng & More LLC.					
SOLA		Name of	Limited L	iability (Compa	ny	_
		preign Limited Liability Comped to register the above reference.					
Please	return all correspondence	concerning this matter to the	following	:			
	Stephen I	Martin Simons					
			ame of Pe	rson		·····	_ .:.
						; ·	部元
	River Citie	es Roofing & More LLC	<u> </u>			. <u> </u>	_음 :
		F	irm/Comp	any			3 901 1-8 A
							ω ; <u>"</u>
	<u> 2603 W.</u>	49th St.					
			Address	•			=
	D	-t I 50000					ω.
	Davenpo	ort, Iowa 52806	tate and Z	in Code			_
		Cityro	nate and 2,	ip Code			
	Rivercities	1@msn.com					
		E-mail address: (to be use	d for futur	e annual	report	t notification)	_
For fur	ther information concerni	ng this matter, please call:					
	Stephen M Sim	ions	at (563)	322-7900	
		of Contact Person		ea Code		Daytime Telephone Number	_
	MAILING ADDRESS	ė			STRI	EET ADDRESS:	
	Division of Corporation					ion of Corporations	
	Registration Section P.O. Box 6327					stration Section	
	Tallahassee, FL 32314				2661	on Building Executive Center Circle hassee, FL 32301	
Enclose	ed is a check for the follow \$125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee &	□ \$155	.00 Filin	g Fee	& □ \$160.00 Filing Fee,	Certificate
	•	Certificate of Status	Certifie		_	of Status & Certified C	

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 DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate na	ime adopted for the purpose of transacting business in F	forida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
. lowa	uch foreign limited hability company is organized)	3. 47-2966100	number, if applicable)
(Juli Autori Mari, pp. 200 g. v.	sen foreign mades masting company is organized	,,	The state of the s
License applied for	Or Have not done any work y (Date first transacted business in Florida, if prior i	(a peaustration)	
2440 Everent De	(See sections 605,0904 & 605,0905, F.S. to deter		
. 2419 Everest Pa (Street Address of F		6. 2603 W. 49th St.	(Address)
Cape Coral, FL.	33904	Davenport, Iowa	52806
. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	8
Name:	Stephen M Simons		- i
Office Address:	2419 Everest Parkway		- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
	Cone Corel		
	Cape Coral	, Florida <u>3390-</u> (Zi	p code)
	gistered agent and to accept service of		
lesignated in this applica	tion, I hereby accept the appointment	as registered agent and agree to	act in this capacity. I further ag
lesignated in this applica o comply with the provisi	tion, I hereby accept the appointment ons of all statutes relative to the prope	as registered agent and agree to	act in this capacity. I further ag
lesignated in this applica o comply with the provisi	tion, I hereby accept the appointment	as registered agent and agree to	act in this capacity. I further ag
lesignated in this applica o comply with the provisi	tion, I hereby accept the appointment ons of all statutes relative to the prope	as registered agent and agree to er and complete performance of	act in this capacity. I further ag
lesignated in this applica o comply with the provisi nd accept the obligations	tion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. Registered agent	as registered agent and agree to er and complete performance of 's signature)	act in this capacity. I further agmy duties, and I am familiar wit
esignated in this applica o comply with the provisi nd accept the obligations	tion, I hereby accept the appointment ons of all statutes relative to the prope s of my position as registered agent.	as registered agent and agree to er and complete performance of 's signature)	act in this capacity. I further agmy duties, and I am familiar wit
esignated in this applical ocomply with the provision and accept the obligations 3. The name, title or capa	tion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. IRegistered agent accity and address of the person(s) who	as registered agent and agree to er and complete performance of (s signature) has/have authority to manage is/at	act in this capacity. I further agmy duties, and I am familiar wit
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lesignated in this applicate comply with the provisional accept the obligations. B. The name, title or capa Title or Capacity: Owner	recity and address of the person(s) who large and Address: Stephen M Simons 2419 Everest Parkwa Cape Coral, FL. 3390	as registered agent and agree to er and complete performance of (s signature) has/have authority to manage is/at	act in this capacity. I further agmy duties, and I am familiar wit
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Typed or printed name of signee

Stephen Martin Simons

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 10/15/2018

Name: RIVER CITIES ROOFING & MORE, LLC (489DLC - 494048)

Date of Incorporation: 2/3/2015

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS157714

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Fair D. Late

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Paul D. Pate, Iowa Secretary of State