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N CULLIGAN'
DEC 5; 2018

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: CLA Exteriors, 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:

Aaron D. Jiles
Name of Person
CLA Exteriors, LLC
Firm/Company
910 Aura Dr.
Address
Rockford IL, 61108
City/State and Zip Code
ayden005@yahoo.com

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

For further information concerning this matter, please call:

Aaron Jiles

815

298-8282

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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CLA Exteriors, LL						
(Name of Foreig	gn Limited Liability Company; must include "Limi	ited Liability Compar	ny." "L.L.C.," or "LL.C.")			
(If name unavailable, enter alternate	e name adopted for the purpose of transacting business in F	Torida. The afternate nar	ne must include "Limited Liab	ulity Company," "L.E.C." or "LLC.")		
2.ILLINOIS		_{3.} 82-47	₃ 82-4782759			
(Jurisdiction under the law of		(FEI number, if applicable)				
4						
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter-	to registration) mune penalty liability)		- -		
5. 5023 Cra	wford VIIIe Ituy	6				
(Street Address of Principal Office) Unit #4			(Mailing Address)			
Tallaha				2000		
juliuria,	33 40,11 32003			—————————————————————————————————————		
7 Name and street addr	ress of Florida registered agent: (P.O. Bo	v. NOT accental	ale)	題のア		
		x 101_acceptan	nc)	SSE S IT		
Name:	Registered Agents Inc.			四年 子口		
Office Address	3030 N. Rocky Point Dr. STE	150A		EF FLAR		
	Tampa		Florida 33607	三		
Registered agent's acco	(City)		(Zip code			
	isions of all statutes relative to the prope ons of my position as registered agent.					
	(Registered agent	's signature)				
8. The name, title or ca <u>Title or Capacity:</u>	pacity and address of the person(s) who have and Address:	has/have authorit <u>Title or C</u>	-	Name and Address:		
Officer	Aaron Jiles	Officer				
	910 Aura Dr.					
	Rockford, IL 61108					
Officer		Officer				
		_				
						
(Use attachments if nece	essary)					
 Attached is a certifical jurisdiction under the lay of the translator must be 	te of existence, no more than 90 days old w of which it is organized. (If the certifical submitted)	l, duly authentica ate is in a foreign	ted by the official ha language, a translati	ving custody of records in the on of the certificate under oath		
10. This document is exc submitted in a document	ceuted in accordance with <u>section 695-92</u> to the Department of State constitutes a r	03 (1) (b), Florid: fird deuree felon	a Statutes. I am awar Kas provided for in s	2 that any false information 3.817.155, F.S.		
	Signitur	re of all suithorized perso				
	Aaron D. Jiles					
	· 	or printed name of signe	· · · · · · · · · · · · · · · · · · ·			



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CLA EXTERIORS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 02, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of NOVEMBER A.D. 2018 .

Authentication #: 1831902724 verifiable until 11/15/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE