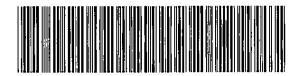
M190000000572

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	. WAIT	MAIL
(Bi	usiness Entity Name	2)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		4

Office Use Only



300323158113

01/11/19--01804--012 **125.00



COVER LETTER

TO:

Registration Section

Div	sion of Corporations				
SUBJECT:	Ernie Smith & Sons Roofing, LLC				
	Name of Limited Liability Company				
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifical check are submitted to register the above referenced foreign limited liability company to transact business in Fl				
Please return	all correspondence concerning this matter to the following:				
	James Davis				
	Name of Person				
	1st United CRS, LLC				
Firm/Company 4211 Capital Circle NW					
	Tallahassee, FL 32303				
	City/State and Zip Code				
	cc@uniteders.com				
	E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matter, please call:				
Jan	es Davis 850 322-7117				
	Name of Contact Person Area Code Daytime Telephone Number				
Div Reg P.O	ILING ADDRESS: sion of Corporations Division of Corporations stration Section Box 6327 chassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	osed is a check for the following amount: se make check payable to: FLORIDA DEPARTMENT OF STATE				
	S125.00 Filing Fee \$\Bigcup \text{\$\subset} \t				

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:

(Name of Poleign	Elmited Liability Company; must include "Limi	ited Clability	Company. Lite, of Lee.	
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorida The al	iternate name must include "Limited Liability Company,"	"L.L.C," or "LLC
Texas		47-2527751		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٦,	(FEI number, if applicable)	
Upon Registration				VEASSEL :
-	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S., to deter	to registration mine penalty) liability)	.::
19422 Highway 6 #B			19422 Highway 6 #R	`÷,
(Street Address of Principal Office)		0.	(Mailing Address)	
Manville, TX 77578			Manville, TX 77578	
11 72				
Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	ecceptable)	
Name:	1st United CRS, LLC			
Office Address:	4211 Capital Circle NW			
	Tallahassee		32303 . Florida	
	(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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Carl Smith Manager ■ Manager Name: _____ 14823 Bariton Street Address: ☐ Member Member Address: Santa Fe, TX 77517 ■Authorized Authorized Person Person Other Other_ Other Other Manager Name: Manager Name: _____ Member Address: Member Address: _____ Authorized Authorized Person Person Other____ Other__ Other Other___ Name: Manager Manager Name: Member Address: ☐ Member Address: Authorized Authorized Person Person Other____ Other___ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form: 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 informationsubmitted 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 Carl Smith

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ernie Smith & Sons Roofing, LLC (file number 802116155), a Domestic Limited Liability Company (LLC), was filed in this office on December 10, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 10, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

David Whitley Secretary of State

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 860460150003