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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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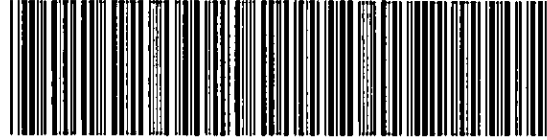
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JAN 24 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North American Roofing Services, 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:

Pauline Brin

Name of Person

North American Roofing Services, LLC

Firm/Company

14025 Riveredge Drive, Suite 600

Address

Tampa, FL 33637

City/State and Zip Code

pbrin@naroofting.com

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

For further information concerning this matter, please call:

Pauline Brin	813	773-1082
_____ Name of Contact Person	at (_____) _____ 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:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. North American Roofing Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 13-3724765

(FEI number, if applicable)

4. November 13, 2018

(Date first transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 14025 Riveredge, Suite 600

(Street Address of Principal Office)

Tampa, FL 33637

6.

(Mailing Address)

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

Name: INCORP Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

, Florida 33470

(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.



Kathy Shin on behalf of InCorp Services, Inc.

(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:

CEO

KELLY WADE

CONTROLLER

MICHELLE YOUNGBLOOD

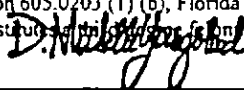
14025 RIVEREDGE DR
TAMPA, FL 33637

14025 RIVEREDGE DR
TAMPA, FL 33637

(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 crime as provided for in s.817.155, F.S.



Signature of an authorized person

Michelle Youngblood

Typed or printed name of signer

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TAMPA, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "NORTH
AMERICAN ROOFING SERVICES, LLC" FILED IN THIS OFFICE ON THE
FOURTEENTH DAY OF NOVEMBER, A.D. 2018, AT 9:18 O'CLOCK A.M.



2340377 8100V
SR# 20187627290

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK, Secretary of State" is printed in a small font.

Authentication: 203894912
Date: 11-14-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:13 AM 11/14/2018
FILED 09:13 AM 11/14/2018
SR 20187627290 - File Number 2340377

CERTIFICATE OF FORMATION
OF
NORTH AMERICAN ROOFING SERVICES, LLC

This Certificate of Formation is being executed as of November 13, 2018, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-101, et seq.

The undersigned, being duly authorized to execute and file this Certificate of Formation, does hereby certify as follows:

1. Name. The name of the limited liability company is North American Roofing Services, LLC (the "Company").

2. Registered Office and Registered Agent. The Company's registered office in the State of Delaware is located at 160 Greentree Drive, Suite 101, in the City of Dover, Kent County, Delaware 19904. The registered agent of the Company for service of process is National Registered Agents, Inc. located at 160 Greentree Drive, Suite 101, in the City of Dover, Kent County, Delaware 19904.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the day and year first above written.

By: /s/ Cindy Oberdorff
Cindy Oberdorff, an Authorized Person



Most Trusted. Most Respected.

To: Florida Secretary of State

From: Pauline Brin

Re: Application for Certificate Authority/Application for Withdrawal

Date: January 16, 2019

If there are any questions about the enclosed documents, please contact me directly. My phone number and email address is listed below.

Thank you,



Most Trusted. Most Respected.



Pauline Brin, Senior Accountant

Corporate Address: Hidden River Corporate Center Two

14025 Riveredge Dr, Suite 600, Tampa, FL 33637

Direct: 813-773-1082 Fax: 813-867-2050

Email: pbrin@naroofing.com

Visit: naroofing.com

National Headquarters ■ 14025 Riveredge Drive, Suite 600 Tampa, FL 33637
main 800.551.5602 ■ fax 828.687.1230 ■ naroofing.com ■ info@naroofing.com