

m19000001082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

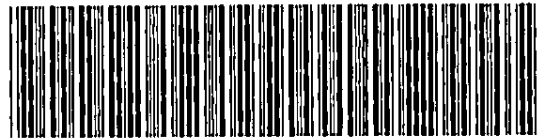
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W1900000.5731

Office Use Only



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FILED  
19 JAN 14 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C CAVE  
JAN 31 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2019

ROMELIO GABRIEL LOPEZ  
994 COCONUT CIR W  
NAPLES, FL 34104

SUBJECT: GALO ROOFING LLC  
Ref. Number: W19000005731

We have received your document for GALO ROOFING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 419A00001271

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gialo 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:

Romelio Gabriel Lopez  
Name of Person

Gialo Roofing LLC  
Firm/Company

994 Coronat Cir W  
Address

Naples, FL 34104  
City/State and Zip Code

g1roof1@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Lamb at 480 329-0676  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gialo Roofing LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. 416-4740231  
(FEI number, if applicable)

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

5. 994 Coconut Cir W  
(Street Address of Principal Office)

6. 2560 Green Dr.  
(Mailing Address)

Naples, FL  
34104

Bosque Farms, NM  
87068

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

Name: ~~Jeff~~ Romeo Gabriel Lopez

Office Address: 994 Coconut Cir W  
Naples FL, Florida 34104  
(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.

G. Lopez  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Romelio Gabriel Lopez</u>	<input type="checkbox"/> Manager	Name: <u>Tara Lamb</u>
<input checked="" type="checkbox"/> Member	Address: <u>994 Coconut Cir W</u>	<input type="checkbox"/> Member	Address: <u>2540 Green Dr.</u>
<input type="checkbox"/> Authorized Person	<u>Naples, FL</u> <u>34104</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Besque Farms, NM</u> <u>87208</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Tara Lamb  
—Signature of an authorized person  
Tara Lamb Romelio Gabriel Lopez  
Typed or printed name of signer



# STATE OF IDAHO

Lawrence Denney | Secretary of State  
Business Office  
450 North 4th Street  
PO Box 83720  
Boise, ID 83702

Tara Lamb  
2560 GREEN DR  
BOSQUE, NM 87068

January 28, 2019

Request Type: Certificate of Existence/Filing  
Request #: 0003414300  
Receipt #: 000151798

Issuance Date: 01/28/2019  
Copies Requested: 0

Regarding: GALOROOFING LLC  
Filing Type: Limited Liability Company (D)  
Formation/Qualification Date: 05/19/2014  
Status: Active-Existing  
Duration Term: Perpetual

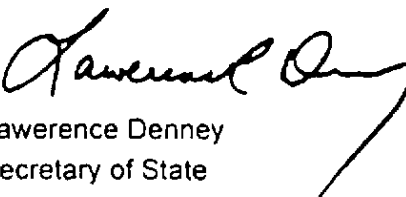
File #: 421287  
Formation Locale: IDAHO  
Inactive Date:

## Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### GALOROOFING LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

  
Lawrence Denney  
Secretary of State

Processed By: Business Division

Verification #: 000877726