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COO MAIN.



December 28, 2018

DAVID GERSH, CORPORATE COUNSEL NATIONS ROOF, LLC 851 E I-65 SERVICE RD. SOUTH, SUITE 300 MOBILE. AL 36606

SUBJECT: NATIONS ROOF GULF COAST, LLC

Ref. Number: W18000110387

We have received your document for NATIONS ROOF GULF COAST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 (805) 245-6000.

Letter Number: 518A00026464

Brenda L Vorisek Director

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns			
SUBJECT:	Nations Roof Gulf	Coast, LLC			
		Name of L	Limited Liability C	ompany	
					insact Business in Florida," Certificate of company to transact business in Florid
Please return	all correspondence	concerning this matter to the	following:		
	David Gersh, (Corporate Counsel			
		Na	ıme of Person		
	Nations Roof,	LLC			
		Fi	rm/Company		
	851 E I-65 Ser	vice Road South, Suite 300			
	•		Address		
	Mobile, AL 36	6606			
		City/St	ate and Zip Code		
	DGersh@nation	sroof.com			
		E-mail address: (to be used	l for future annual	report not	ification)
For further in	nformation concernit	ng this matter, please call:			
Yo	landa Graves		678 at (279-24	39
	Name	of Contact Person	Area Code	Day	time Telephone Number
Div Reg P.O	ision of Corporation gistration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section milding ecutive Center Circle see, FL 32301
	a check for the follov \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee &	□ \$155.00 Filir	no Fee &	☐ \$160.00 Filing Fee, Certificate
4 ,	2123.00 1 milg i CC	Certificate of Status	Certified Copy	.5 / CO W	of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CREST CONTROL OF THE CONTROL OF THE

(Name of Foreign	ist, LLC Limited Liability Company; must include "Lin	ited Liability Company," "L.L.C.," or "LL	C.")
	tune adopted for the purpose of transacting business in		
2. Delaware	high foreign limited liability company is organized)	3. 17.55).148	<u> </u>
() to mai and states the fam of m	nica totelitu innicati asaditis combins is otherarca)	(FEI	numbes, if applicable)
4	Chain first many select business on bloods if many	7. The Table V	
	(Date first entracted business in Flonds, if prior (See sections 602 0904 & 603,0903, F.S. to dete		
5. 851 E I-65 Service Ro	ad South, Suite 300 Principal Office)	6. 851 E I-65 Service Roa	d South, Suite 300
Mobile, AL 36606		Mobile, AL 36606	:
251-544-7663		251-544-7663	
		· · · · · · · · · · · · · · · · · · ·	LAHASSE
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	T.
Name:	Corporation Service Company		$ec{arphi}_{i}$
Office Address:	1201 Hays Sheet		ت. ن
Office Hodicas.	T-N-h	4440.	U.
	Tallahassec, (City)	, Florida 32301	
designated in this applica to comply with the provis	egistered agent and to accept service a uton, I hereby accept the appuintmen ions of all statutes relative to the prop is of my position as registered agent.	of process for the above stated lim t as registered agent and agree to per and complete performance of	act in this capacity. I furth
designated in this appilca in comply with the provis and accept the obligation	otton, I hereby accept the appulntmentions of all statutes relative to the propies of my position as registered agent. (Registered agent	t as registered agent and agree to per and complete performance of	uct in this capacity. I furth my duties, and I am familia
designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap	ition, I hereby accept the appulnimentions of all statutes relative to the proposition as registered agent. (Registered agent acity and address of the person(s) who	t as registered agent and agree to per and complete performance of at signame. thus/have authority to manage is/u	uct in this capacity. I furth my duties, and I am familia
designated in this applicate comply with the provise and accept the obligation. 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who	t as registered agent and agree to per and complete performance of at signame. thus/have authority to manage is/a Title or Capacity:	uct in this capacity. I furth my duties, and I am familia
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Typed or printed name of signes

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATIONS ROOF GULF COAST, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.

Account to the second s

Authentication: 203960760

Date: 11-27-18