

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations			
	Fax Number : (850)617-63	83		
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From:	Account Name : LICENSES ET			
	Account Number : 12007000015	9		
	Phone : (239)777-10			
	Fax Number : (877)275-35	33		
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Corporate Filing Menu



Inbiz LLC Amendment Page 3 of 6	2019-02-20 14:55:30 (GMT)	<i>(</i> +	From: Licer (((H190000567
	COVER LETTER		
TO: Registration Section			
Division of Corporations			
21ST CENTURY ROOFING LL SUBJECT:	-C		
	Name of Limited Liability Co	ombauà.	
The enclosed "Application by Foreign Limited Existence, and check are submitted to register	Liability Company for Authorizati the above referenced foreign limite	on to Transact Business in d liability company to tran	Florida," Certificate of sact business in Florida.
Please return all correspondence concerning th	is matter to the following:		
MOLLY BLOSSER			
	Name of Person		
LICENSES, ETC., INC.			
	Firm/Company		
886 110TH AVE N SUITE	#6		
	Address		
NAPLES, FL 34108			
<u> </u>	City/State and Zip Code		
SUPPORT@LICENSESETC	D.COM		
E-mail add	dress: (to be used for future annual	report notification)	
For further information concerning this matter	r, please call:		
MOLLY BLOSSER	239	777-1028	
Name of Contact Pe	erson Area Code	Daytime Telephone	Numher
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 Ci	ircle
Enclosed is a check for the following	g anount:	Tallahassee, FL 32301	
Please make check payable to: FLO	RIDA DEPARTMENT OF STAT 0.00 Filing Fee & S155.00	Filing Fee & 🛛 🗮 \$160	:00 Filing Fee, Certificate atus & Certified Copy

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From Licenses Etc.

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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 TRANSICT BUSINESS. IN THE STATE OF FLORIDA:

1. 21ST CENTURY ROOFING LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LUC.")	

ALABAMA			2-3075329		
Distudiction under the faw of w	web foregen howed hability company, is organized)	<u>.</u> , .	(11)1 manifer, if applicable)		
	(Date first transacted lineaness in Florida, if prior to (See sections 605 0004 & 605 0045, F.S. to determ	regumine)			
	(See sections 605 0904 & 605 0905, F.S. to determ				
332 COUNTY LANE			332 COUNTY LANE		
Estreet Address of F	hincipal Otlike)	0	(Multur: Address)		
LUVERNE, AL 36049	•	l	UVERNE, AL 36049		
		-			
Name and <u>street addre</u>	ss of Florida registered agent; (P.O. Bo	- x <u>NOT</u> a	ceptable)	25	
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Bo LICENSES, ETC., INC.	۔ ۸ <u>NOT</u> a	reptable)	2519 FEB	
				20	
Name:	LICENSES, ETC., INC.		STATES	3	

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.

(Resolution agent's tigminine)

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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:	<u>Name and Address:</u> DENNY L. STRICKLAND	<u>Title or Capacity:</u>	Name and Address: DUSTIN MERRITT		
Manager	Member Address: 332 COUNTY LANE LUVERNE, AL 36049		Address: 332 COUNTY LANE LUVERNE, AL 36049		
Authorized Person Other		Authorized Person Other			
☐Manager □Member	Name:	🗋 Manager	Name:		
Authorized Person		Authorized Person			
Other	Other	Other			
Manager	Name:	🛄 Manager			
Member	Address:	🛄 Member			
Authorized Person		Authorized Person			
Other	Öther	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 505,0203 (1) (b), Florida Statutes, 1 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.

$(\mathcal{R}\mathcal{O})$	
September of an authorized person	

DENNY STRICKLAND

Typest or printed name of signee

From: Licenses Etc.

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