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S. PRATHER

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	·CT:	Travis Roo	fing Supply of	Cleveland	l, LLC		
SOBOL	· · · · · · · · · · · · · · · · · · ·		Name of Limi	ted Liability Co	ompany		-
			ed Liability Company or the above referenced				
Please	return all corresp	ondence concerning	this matter to the folk	owing:			
		<u> </u>		lance			_
			Name	of Person			
		Travi	s Roofing Sup	oly of Clev	eland, LL	C	_
	Firm/Company						
			912 Hwy 183	South			_
			Ac	ldress			
			Austin, TX 7	'8741			_
			City/State	and Zip Code			
			Jnance@travis				_
		E-mail a	ddress: (to be used for	future annual r	eport notificati	ion)	
For fur	ther information	concerning this matt	er, please call:				
	Jill Nanc	e	at	<u>512</u>		-0661	_
		Name of Contact		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				
		heck for the followir	ng amount: DRIDA DEPARTME	NT OF STAT	E		
	□ \$125.00 Fi		30.00 Filing Fee & Certificate of Status		iling Fec &	\$160.00 Filing of Status & Ce.	Fee, Certificate rtified Copy

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

(Name of Foreign Li	Roofing Supply of Cleve	eland, LL led Liability Co	mpany," "L L.C.,	" or "LLC.")		
maveilable, enter alternate nam	e adopted for the purpose of transacting business in F	lorids. The alterna	te name must includ	e "Limited Liability Com	фалу," "L.L. C	or "LLC
Ohio unsdiction under the law of which foreign limited liability company is organized		3	8	81-4329656		
isciction under the Jaw of which	h loreigh himiled hability company is organized)			(FEI number, if appl	icable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nine penalty liabili	ty)	<del></del>		
912 Hwy 1		6	912 Hw	y 183 Sout	h	
Austin, TX 7			Austin	(Mailing Address)	MI	2019 FEB
		<del></del>	<del> </del>	<u></u>	<del>1</del>	<del>1</del> 8 -
ne and <u>street address</u> (	of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ptable)		SSEE, FL	PM 6:
Name:	First Corporate Solution	ons, Inc.	<del></del>		. W	2
Office Address: _	155 Office Plaza Driv	/e	<del></del>			
-	Tallahassee		, Florida _	32301		
it <b>e</b> d in this application ply with the provision	(City)  nce:  stered agent and to accept service of  in, I hereby accept the appointment is  is of all statutes relative to the prope  if my position as registered agent.	as registered	agent and ag	ree to act in this	capacity.	I furthe

(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: Name and Address: Title or Capacity: Name: Michael W. Boy Name: E. Dale Lowe ✓ Manager Manager Address: 912 Hwy 183 South 912 Hwy 183 South Member Member Address: Austin, TX 78741 Austin, TX 78741 Authorized Authorized Person Person Other\_\_\_\_ Other \_ \_ Other\_\_\_\_ Other\_ Manager Name: Name: Manager Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person Other Other\_ Other Other\_\_\_\_ Manager Name: Manager Name: \_\_ Address: \_\_\_\_\_ Member Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other Other\_ mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonndexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information mitted 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

Michael W. Boy

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show TRAVIS ROOFING SUPPLY OF CLEVELAND, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3954904, was organized within the State of Ohio on October 27, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of November, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201833401748