

Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
His and Hers Roofing LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

M. MILLIGAN
FEB 28 2019

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 TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

(If name unavailable, enter alternate name selected for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Missouri 3. 83-1389488
(Jurisdiction under the laws of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. for domestic priority liability)

5. 126 Piety Drive 6. 126 Piety Drive
(Street Address of Principal Office) (Mailing Address)

Lake Saint Louis, MO 63367

Lake Saint Louis, MO 63367

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

Name: Michael Molloyan

Office Address: 12001 Research Parkway, Suite 236

Orlando, Florida 32826
(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.

[Signature]
(Registered agent's signature)

2019 FEB 27 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Michael Hollosan	☐ Manager	Name: _____
☐ Member	Address: 12001 Research Parkway	☐ Member	Address: _____
☐ Authorized	Suite 236	☐ Authorized	_____
Person	Orlando, FL 32826	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ 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 605.02(3) (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.

Signature of an authorized person

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Michael Hollosan

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

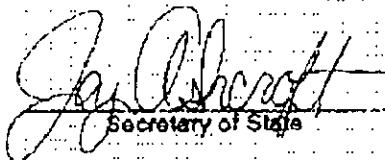
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

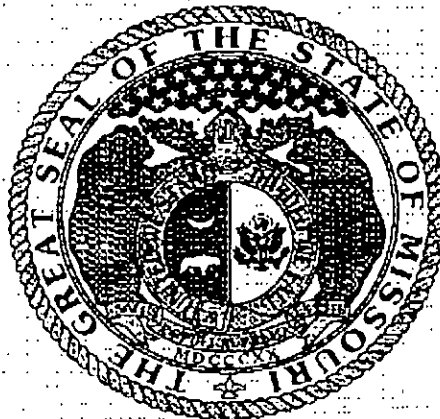
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that:

His and Hers Roofing LLC
LC001509082

was created under the laws of this State on the 30th day of September, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and
cause to be affixed the GREAT SEAL of the State of
Missouri, Done at the City of Jefferson, this 25th day of
February, 2019.


Secretary of State



Certification Number: CERT-02252019-0033

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