

M190000007766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

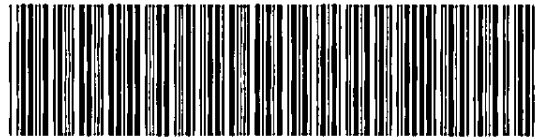
(Business Entity Name)

(Document Number)

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

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2019 AUG -9 PM 5:03  
CLERK OF COURT

B KINSEY  
AUG 13 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2019

YASKIRA COLUMNA  
PO BOX 421972  
KISSIMMEE, FL 34742

SUBJECT: CJ ROOFING AND CONTRACTING LLC  
Ref. Number: W19000067288

We have received your document for CJ ROOFING AND CONTRACTING 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):

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) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 219A00014993

RECEIVED

AUG 09 2019

July 8<sup>th</sup> 2019

Division of Corporation  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

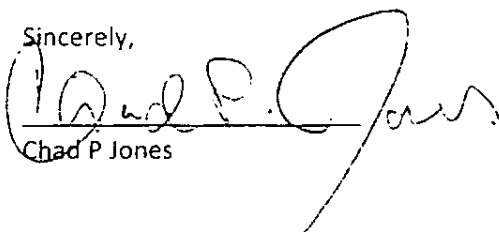
CJ Roofing & Contracting LLC  
332 Jyoti Dr  
Davenport, FL 33837

To whom it may concern:

Enclosed is an application to register CJ Roofing & Contracting LLC as a Foreign LLC. CJ Roofing & Contracting LLC is domiciled in Ohio and I have attached the letter of active status from the state of Ohio. Unbeknown to me, I registered the same company name as a Florida Domestic LLC under document number L17000223972 as CJ Roofing & Contracting LLC. However, I wish to register the company correctly and thus authorize the use of the same name. As you can see, I was the member and registered agent at the time.

If you have any questions, you can reach me at (937) 397-8078 or the registered agent Yaskaira at Columna Agency Inc (407) 507-2686 who spoke to Ms. Clement to obtain information on how to proceed.

Sincerely,



Chad P Jones

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CJ Roofing & Contracting 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:

Yaskaira Cruz Columna

\_\_\_\_\_  
Name of Person

Columna Agency Inc

\_\_\_\_\_  
Firm/Company

PO Box 421972

\_\_\_\_\_  
Address

Kissimmee FL 34742

\_\_\_\_\_  
City/State and Zip Code

joneschad39@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaskaira Cruz Columna

407

507-2686

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

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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. CJ Roofing & Contracting 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. State of Ohio - Office of the Secretary of State  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1407369  
(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. 332 Jyoti Dr  
(Street Address of Principal Office)

6. 332 Jyoti Dr  
(Mailing Address)

Davenport FL 33837 Davenport FL 33837

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

Name: Columna Agency Inc

Office Address: 221 S John Young Parkway

Kissimmee 34741  
(City) Florida (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.

\_\_\_\_\_  
(Registered agent's signature)

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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:**                      **Name and Address:**

☒ Manager              Name: Chad P Jones

☒ Member                Address: 332 Jyoti Dr

☐ Authorized            Davenport FL 33837

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: \_\_\_\_\_

☐ Member                Address: \_\_\_\_\_

☐ Authorized            \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member                Address: \_\_\_\_\_

☐ Authorized            \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member                Address: \_\_\_\_\_

☐ Authorized            \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member                Address: \_\_\_\_\_

☐ Authorized            \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member                Address: \_\_\_\_\_

☐ Authorized            \_\_\_\_\_

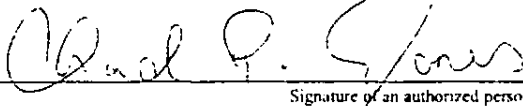
Person \_\_\_\_\_

☐ 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 605.0203 (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.

  
\_\_\_\_\_  
Signature of an authorized person

Chad P. Jones  
\_\_\_\_\_  
Typed or printed name of signer

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FL DEPT OF STATE

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

*I, Frank LaRose, 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 CJ ROOFING & CONTRACTING LLC, an Ohio For Profit Limited Liability Company, Registration Number 4023414, was organized within the State of Ohio on April 29, 2017, 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 5th day of August, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201921702132