

12/13/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LICENSES ETC INC  
Account Number : 120070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SUPPORT@LICENSESETC.COM

Foreign Limited Liability Company  
A AND B ROOFING CONSTRUCTION LLC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

K. SALY

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A AND B ROOFING CONSTRUCTION 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:

LISA ADAMS

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

LICENSES, ETC.

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

886 110TH AVENUE SUITE 6

\_\_\_\_\_  
Address

NAPLES, FL 34108

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

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

at (

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

\_\_\_\_\_  
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 FLORIDAIN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. A AND B ROOFING CONSTRUCTION LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

A B A ROOFING &amp; CONSTRUCTION, 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. GEORGIA 3. 82-3190636  
(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 605.09(1) & 605.09(2) F.S. to determine penalty liability.)5. 481 MEADOW LAKE TERRACE 6. 481 MEADOW LAKE TERRACE  
(Street Address of Principal Office) (Mailing Address)

HOSCHTON, GA 30548

HOSCHTON, GA 30548

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

Name: AUSTIN SPINKS

Office Address: 2419 GRAND HARBOUR DR

PANAMA CITY 32408  
(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.

AUSTIN SPINKS

(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: AUSTIN SPINKS

☐ Member Address: 2419 GRAND HARBOUR DR

☐ Authorized PANAMA CITY, FL 32408

Person \_\_\_\_\_

☒ Other AMBR ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:

☐ Manager Name: ANGELA FREESE

☐ Member Address: 481 MEADOW LAKE TER

☐ Authorized HOSCHTON, GA 30548

Person \_\_\_\_\_

☒ Other AMBR ☐ 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.

Austin Spinks

Signature of an authorized person

AUSTIN SPINKS

Typed or printed name of signer

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Control Number: 17107751

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

FILED  
2019 DEC 12 PM 3:23  
ATLANTA, GEORGIA

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**A and B Roofing and Construction LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18209396  
Date Inc/Autly Filed: 10/04/2017  
Jurisdiction : Georgia  
Print Date : 12/12/2019  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

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