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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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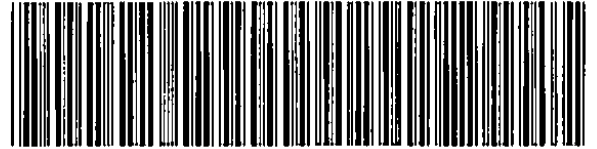
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2020

JOSE G LAGE
2026 MARION ST - A
VALDOSTA, GA 31602

SUBJECT: PYRAMID ROOFING & WINDOWS, LLC
Ref. Number: W20000069490

We have received your document for PYRAMID ROOFING & WINDOWS, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$55.00 due.

The document you sent in is for a Foreign Corporation. You need to send in the Foreign LLC document.,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 820A0001276

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pyramid Roofing & Windows, 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:

Jose Lage

Name of Person

Pyramid Roofing & Windows, LLC

Firm/Company

2026 -A Marion St.

Address

Valdosta, GA 31602

City/State and Zip Code

pyramidroofingvaldosta@gmail.com

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

For further information concerning this matter, please call:

Lindsay Gilmore

229

232-5313

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. Pyramid Roofing & Windows, 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. Georgia 3. 46-1177024
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2026 Marion St. 6. 2026 Marion St.
(Street Address of Principal Office) (Mailing Address)

Suite A Suite A

Valdosta, GA 31602 Valdosta, GA 31602

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

Name: Bruce P. Anderson LAW

Office Address: 495 Grand Blvd. #206

Destin 32550
(City) (Zip code)

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.

Bruce P Anderson
(Registered agent's signature)

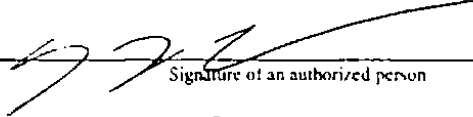
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Jose Geraldo Lage	<input type="checkbox"/> Manager	Name: Lindsay Gilmore
<input type="checkbox"/> Member	Address: 2026 Marion St. - A	<input type="checkbox"/> Member	Address: 2026 Marion St. - A
<input type="checkbox"/> Authorized	Valdosta, GA 31602	<input checked="" type="checkbox"/> Authorized	Valdosta, GA 31602
Person		Person	
<input checked="" type="checkbox"/> Other	Owner	<input type="checkbox"/> Other	
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jessica Elmer	<input type="checkbox"/> Manager	Name: Lea Miley Smith
<input type="checkbox"/> Member	Address: 2026 Marion St. - A	<input type="checkbox"/> Member	Address: 2026 Marion St. - A
<input checked="" type="checkbox"/> Authorized	Valdosta, GA 31602	<input checked="" type="checkbox"/> Authorized	Valdosta, GA 31602
Person		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
	<input type="checkbox"/> Other		<input type="checkbox"/> 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 the signature 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

Jose Geraldo Lage

Typed or printed name of signer

STATE OF GEORGIA

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

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

PYRAMID ROOFING & WINDOWS 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 : 19217628
Date Inc/Auth/Filed: 10/12/2012
Jurisdiction : Georgia
Print Date : 06/24/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State