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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

WJO
131476

12/18/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABOVE ALL ROOFING CONTRACTOR NAPLES 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:

KATHY CRIBBS

Name of Person

ABOVE ALL ROOFING CONTRACTOR LLC

Firm/Company

117 SPENCE LANE

Address

NASHVILLE, TN 37210

City/State and Zip Code

kathy.cribbs@aacroofing.com

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

For further information concerning this matter, please call:

Kathy Cribbs

Name of Contact Person

615

at ()

Area Code

210-3901

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2020

KATHY CRIBBS
117 SPENCE LN
NASHVILLE, TN 37210

SUBJECT: ABOVE ALL ROOFING CONTRACTOR NAPLES LLC
Ref. Number: W20000131476

We have received your document for ABOVE ALL ROOFING CONTRACTOR NAPLES LLC and your check(s) totaling \$160.00. 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 620A00023002

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. ABOVE ALL ROOFING CONTRACTOR NAPLES 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 TENNESSEE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3393309
(FBI 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. 5900 Shirley Street Unit 6
(Street Address of Principal Office)

6. 117 Spence Lane
(Mailing Address)

Naples, FL 34109
Nashville, TN 37210

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

Name: Paul A Brunton

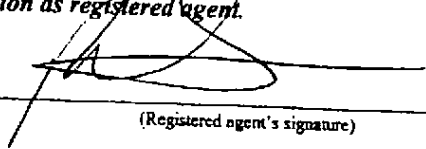
Office Address: 1170 22nd Ave N

Naples, Florida 34103
(City) (Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

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: Kathy Cribbs

☐ Member Address: 117 Spence Lane

☐ Authorized Nashville, TN 37210

Person

☐ Other ☐ Other

☒ Manager Name: Paul A Brunton

☐ Member Address: 1170 22nd Ave N

☐ Authorized Naples, FL 34103

Person

☐ Other ☐ Other

☒ Manager Name: Keith Cribbs

☐ Member Address: 704 Sugar Mill Trail

☐ Authorized Nashville, TN 37211

Person

☐ Other ☐ Other

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

☒ Manager Name: James Allan Satterfield

☐ Member Address: 117 Spence Lane

☐ Authorized Nashville, TN 37210

Person

☐ Other ☐ Other

☒ Manager Name: Robin Orme

☐ Member Address: 5900 Shirley St Unit 6

☐ Authorized Naples, FL 34109

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

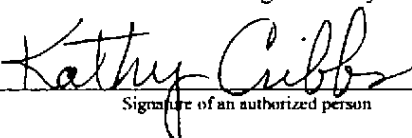
Person

☐ 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

Kathy Cribbs

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102

KATHY CRIBBS
117 SPENCE LANE
NASHVILLE, TN 37210

March 25, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0409494

Issuance Date: 03/25/2021
Copies Requested: 1

Document Receipt

Receipt #: 006202387

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3802411656

\$20.00

Regarding: Above All Roofing Contractor Naples LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1136660

Formation/Qualification Date: 10/13/2020

Date Formed: 10/13/2020

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Above All Roofing Contractor Naples LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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