Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000240108 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042

Phone : (941)685-0955

Fax Number : (866)473-0571

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

Email Address:

BQUALEY@COMENERGYSYS.COM

Foreign Limited Liability Company CES COMMERCIAL ROOFING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



06/18/2021 - 06:02 AM · TO:18506176383 FROM:9166741357 Page: 4 (((H21000240108 3))) COVER LETTER TO: Registration Section Division of Corporations CES COMMERCIAL ROOFING, LLC SUBJECT: 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: BOB QUALEY Name of Person CES COMMERCIAL ROOFING, LLC Firm/Company

City/State and Zip Code

BQUALEY@COMENERGYSYS.COM

938 E. 124TH AVE., SUITE C

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

Address

For further information concerning this matter, please call:

TAMPA, FL 33612

ROBIN OCONNOR 941 685-0955

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

(((H21000240108 3)))

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:

Ourisdiction under the law of wh		85	-3103411		
(Surveille from allieer free law or wit	hich foreign limited liability company is organized)		(FEI number, if applicable)		
The restriction of the section of th			(i ci numec, ii appreadic)		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	rgistration.) ic penalty liabil	(iy)		
938 E. 124TH AVE., SUITE C					
rect Address of Principal Office)		6. (Mailing Address)		- 2	
TAMPA, FL 33612		TAMPA, FL 33612		27 JUL	
				3.35	
				8	
Nama and street address	of Florida registered agent: (P.O. Box	NOT	-e-k1.)	AI: OZ	
rionic and street address	or i torida registered agent. (i .O. Dox		JUDIC I		
				700	
Name:	License Exam Services, LLC			THE R	
Name:	License Exam Services, LLC 4713 WEBBER ST		_	F	
			— 34232 , Florida	FL.	

(Registered agent's signature)

(((H21000240108 3)))

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:	Title or Capacity:		Name and Address:	
□Manager	Name: ROBERT QUALEY	□Manager	Name:		
□Member	Address: 938 E. 124TH AVE., SUITE C	□Member	Address:		
■Authorized	TAMPA, FL 33612	□Authorized			
Person		Person			
□Other	Other	□Other		□Other	
□Manager	Name:	□Manager	Name:		
□Метbет	Address:	□Member	Address: _		
□Authorized		□Authorized			
Person		Person		2021	
□ Other	□Other	Other		□Other	
☐Manager	Name:	□Manager	Name:	8	
∏Member	Address:	□Member	Address:	7: 02 Fig. 22	
□Authorized		□ Authorized	 		
Person		Person			
□()ther	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 605.0203 (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.

Synasture of an Bulborizerd person

ROBERT QUALEY

Typed or printed name of signee

(((H21000240108 3)))

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CES COMMERCIAL ROOFING, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CES COMMERCIAL ROOFING, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203413165

Date: 06-10-21

3673836 8300 SR# 20212408254