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(Requestor's Name)

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(City/State/Zip/Phone #)

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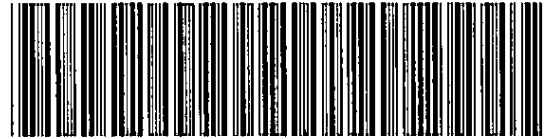
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

2022 DEC 2 7:43

S. FRANKLIN  
DEC - 2 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** North Central Building Solutions, 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:

Wesley A. Hason

Name of Person

North Central Building Solutions, LLC

Firm/Company

137 Point Pleasant Church Drive

Address

Flemington, WV 26347

City/State and Zip Code

wes@roofswv.com

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

For further information concerning this matter, please call:

Wesley A. Hason

304 550-0131  
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:

☐ \$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

2026-1-7 PM 7:13

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. North Central Building Solutions, 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. West Virginia 85-0959654  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 137 Point Pleasant Church Dr. 6. 137 Point Pleasant Church Dr.  
(Street Address of Principal Office) (Mailing Address)  
Flemington, WV 26347  
Flemington, WV 26347

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

Name: Wesley A. Hanson  
Office Address: 401 N. Birch Rd., Unit 509  
Ft. Lauderdale 33304  
(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)

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:	Wesley A. Hanson	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	137 Point Pleasant Church Dr.	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		Flemington, WV 26347	<input type="checkbox"/> Authorized		
	Person			Person	
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	Justin Fisher	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	148 Sun Valley	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		Morgantown, WV 26508	<input type="checkbox"/> Authorized		
	Person			Person	
<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		

**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.

W.A.H.  
Signature of an authorized person

Wesley A. Hanson  
Typed or printed name of signer

# State of West Virginia



## Certificate

*I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that*

**NORTH CENTRAL BUILDING SOLUTIONS, LLC**

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on May 08, 2020. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

## CERTIFICATE OF EXISTENCE

Validation ID:4WV2K\_TKTX

*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of*

*November 02, 2022*

*Mac Warner*

*Secretary of State*

