M23000000273

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

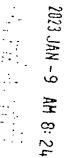


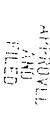
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2029 JAN -9 AH 8 02 SECRETARY OF STATE ALLAHASSEE, FLORING

IAH O 6 2023





COVER LETTER

TO:

Registration Section

	vision of Corporations				
UBJECT:	1st Rate Roofing LLC				
(, 130 17 (, 17	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid			
lease return	n all correspondence concerning this matter to	the following:			
	Hene Stewart				
	Name of Person				
	1st Rate Roofing LLC				
		Firm/Company			
	215 Old Bridge Rd				
		Address			
	Warner Robins, GA 31088				
	ity/State and Zip Code				
	ilenes@lstrateroofing.org				
	E-mail address: (to be	used for future annual report notification)			
or further i	nformation concerning this matter, please cal	t:			
He	ne Stewart	478 396-8571 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	uiling Address: gistration Section	Street Address: Registration Section			
	vision of Corporations	Division of Corporations			
P.0	O. Box 6327	The Centre of Tallahassee			
Ta	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	closed is a check for the following amount:				
	ase make check payable to: FLORIDA DEP.	_			
∵.	\$125.00 Filing Fee \$130.00 Filing Fee Certificate o				

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. 1st Rate Roofing LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") First Rate Roofing 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 "L.L.C." _{2.} Missouri _{3.} 88-4367506 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 237 Burwell Avenue 6. (Mathing Address) Henderson, N.C. 27536 Henderson, N.C. 27536 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name:

Registered agent's acceptance:

Office Address:

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.

7901 4th St N STE 300

St. Petersburg

David Generic						
(Panistand paret's signature)						

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

itle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
■ Manager	Name:	■Manager	Name:
∃Member	Address: 3235 Heritage Trail Blvd	□Member	Address: 3235 Heritage Trail Blvd
]Authorized	Apt 5224	□Authorized	Apt 5441
Person	Denton, TX 76201	Person	Denton, TX 76201
Other	Other	□Other	Other
∎Manager	Name: Kristin Laura Delmege	≣Manager	Name:
]Member	Address: 237 Burwell Ave.	□Member	Address: 215 Old Bridge Rd.
Authorized	Henderson, N.C. 27536	□Authorized	Warner Robins, GA 31088
Person		Person	
Other	Other	Other	Other
]Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
	Other	Other	Other

Typed or printed name of signee

Ilene Stewart



STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

1st Rate Roofing LLC LC014423844

was created under the laws of this State on the 7th day of December, 2022, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 29th day of December, 2022.

Secretary of State

THE

Certification Number: CERT-12292022-0046