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To:

Division of Corporations
Fax Number : (850)617-6383

Account Name : LICENSE EXAM SERVICES
Account Number : 120120000042
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: RICH@HOMESOUTHLLC.COM

Foreign Limited Liability Company
HOMESOUTH ROOFING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMESOUTH ROOFING, 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:

RICHARD GAINES

Name of Person

HOMESOUTH ROOFING, LLC

Firm/Company

3996 US HWY 231

Address

WETUMPKA, AL 36093

City/State and Zip Code

RICH@HOMESOUTHLLC.COM

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

For further information concerning this matter, please call:

ROBIN OCONNOR

941

706-2336

Name of Contact Person

at (

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

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Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that HomeSouth Roofing, LLC was
formed in Elmore County on March 23, 2021. The Alabama Entity Identification
number for this entity is 000-842-305. I further certify that the records do not
disclose that said entity has been dissolved, cancelled or terminated.

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

09/06/2023

Date



20230906000035852

Wes Allen

Secretary of State

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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. HOMESOUTH ROOFING, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. ALABAMA

(Jurisdiction under the laws of which foreign limited liability company is organized)

3.

86-2679756

(FEL 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)

3996 US HWY 231

5.

(Street Address of Principal Office)

3996 US HWY 231

6.

(Mailing Address)

WETUMPKA, AL 36093

WETUMPKA, AL 36093

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

Name:

LICENSE EXAM SERVICES, LLC

Office Address:

4713 WEBBER ST

SARASOTA

(City)

Florida

34232

(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.

X

Robert M. O'Connor

(Registered agent's signature)

2023 SEP -7 PM 3:58
FBI - TAMPA

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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: RICHARD L. GAINES

☒ Member Address: 3996 US HWY 231

☐ Authorized WETUMPKA, AL 36093

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: RANDALL W. BERKSTRESSER

☒ Member Address: 3996 US HWY 231

☐ Authorized WETUMPKA, AL 36093

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: ROBERT TODD AYERS

☒ Member Address: 3996 US HWY 231

☐ Authorized WETUMPKA, AL 36093

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

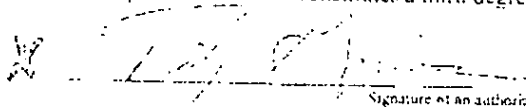
Person _____

☐ 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

RICHARD L. GAINES

Typed or printed name of signer