

H06000007250

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

FOREIGN NAME REGISTRATION

A-1 SERVICES ROOFING SPECIALISTS, INC

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 SERVICES ROOFING SPECIALISTS INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TRACI MESTAS
(Name of Person)

CONTRACTORS REPORTING SERVICE INC
(Firm/Company)

2001 W BUSCH BLVD A
(Address)

TAMPA, FL 33612
(City/State and Zip code)

For further information concerning this matter, please call:

TRACI MESTAS at **(813) 932-5244**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. **A-1 SERVICES ROOFING SPECIALISTS INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

NU ROOFS INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **ALABAMA**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. **11/7/2005**

(Date of incorporation)

5.

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON QUALIFICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification." (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **1120 HARRISON CT MOBILE, AL 36695**

(Principal office address)

1120 HARRISON CT MOBILE AL 36695

(Current mailing address)

8. **ANY AND ALL LAWFULL BUSINESS**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **CONTRACTORS REPORTING SERVICE INC**

Office Address: **2001 W BUSCH BLVD A**

TAMPA

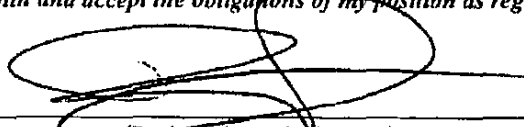
(City)

, Florida **33612**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **VANCE SHIMLEY**

Address: **1120 HARRISON CT**

MOBILE, AL 36695

Vice President: **PAT STEVENSON**

Address: **7525 THREE NOTCH RD**

MOBILE, AL 36619

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jim Efford Pat Stevenson
(Signature of Director or Officer listed in number 12 of the application)

14. Vance Shimley President PAT STEVENSON VP
(Typed or printed name and capacity of person signing application)



State of Alabama Department of Revenue

Certificate of Good Standing

A1 Services Roofing Specialists Inc is in compliance with the requirements in Chapter 14, Title 40, Code of Alabama 1975, prior to its repeal (relating to Franchise Tax) and Chapter 14A, Title 40, Code of Alabama 1975 relating to (Business Privilege and Corporate Shares Tax), as applicable through the tax year 2006.

ORIGINAL

IN WITNESS WHEREOF, I hereunto set my hand this date of August 31, 2006.

Richard M. Henninger

Director, Individual and Corporate Tax Division

ATTEST

[Signature]

Secretary

Business Privilege Tax

Phone: 334-353-7923

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