

M23000003809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

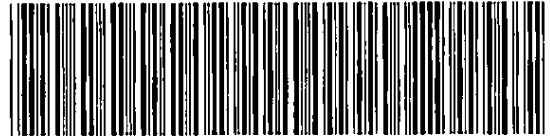
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000029808

Office Use Only



500402196985

03/10/23--01023- 007 \*+130.00

2023 MAR 24 PM 1:29

APPROVAL  
ADD  
FILED

MAR 25 2023

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2023

BEN FARHA  
1627 SOUTH HILLSIDE STREET  
WICHITA, KS 67211

SUBJECT: FARHA ROOFING KC, LLC  
Ref. Number: W23000029808

We have received your document for FARHA ROOFING KC, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 223A00005105

RECEIVED

MAR 20 2023

*Forms & Fees*  
*Qualification of a foreign Entity*  
*Name, date, signature*  
*- send letter to release of name*  
*- certificate of incorporation & bylaws from existing state of US*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

**Ben Farha  
1627 South Hillside Street  
Wichita, KS 67211**

**March 16, 2023**

**Florida Department of State  
Division of Corporations  
Registration Section  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303**

**Re: Farha Roofing KC, LLC  
Ref. Number: W23000029808**

**To Whom It May Concern:**

**We unintentionally set up our company as Florida company and then realized it should be a foreign entity – we are one and the same company and we have no intention of revoking the dissolution, therefore, releasing the name for use to our entity.**

**Thank you for your attention to this matter.**

**Sincerely,**

  
**Ben Farha**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FARHA ROOFING KC, 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:

BEN FARHA  
Name of Person  
FARHA ROOFING KC, LLC  
Firm/Company  
1627 SOUTH HILLSIDE STREET  
Address  
WICHITA, KS 67211  
City/State and Zip Code  
BEN@FARHAROOFING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN FARHA at (316) 416-1759  
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

- \$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

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. FARHA ROOFING KC, 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," "LLC," or "LLC.")

2. KANSAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0881991
(FEI 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)

5. 1627 SOUTH HILLSIDE STREET
(Street Address of Principal Office)
WICHITA, KS 67211

6. 1627 SOUTH HILLSIDE STREET
(Mailing Address)
WICHITA, KS 67211

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

Name: CHRISTOPHER SCHROEDER

Office Address: 14852 YELLOWPINE LANE

CLERMONT, Florida 34711
(City) (Zip code)

2023 MAR 24 PM 1:29
APPROVED AND FILED

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.

Chris Schroeder

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: <u>BENJAMIN FARHA</u>	<input checked="" type="checkbox"/> Manager	Name: <u>CHRISTOPHER SCHROEDER</u>
<input type="checkbox"/> Member	Address: <u>323 N OAKWOOD</u>	<input type="checkbox"/> Member	Address: <u>14852 YELLOWPINE LANE</u>
<input type="checkbox"/> Authorized	<u>WICHITA, KS 67208</u>	<input type="checkbox"/> Authorized	<u>CLERMONT, FL 34711</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>BETTY J SULLINS</u>	<input type="checkbox"/> Manager	Name: <u>JENNA BEYER</u>
<input type="checkbox"/> Member	Address: <u>1828 WALNUT STREET</u>	<input type="checkbox"/> Member	Address: <u>1627 HILLSIDE STREET</u>
<input type="checkbox"/> Authorized	<u>3RD FLOOR</u>	<input checked="" type="checkbox"/> Authorized	<u>WICHITA, KS 67211</u>
Person	<u>KANSAS CITY, MO 64108</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>AARON CONFESSORI</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1828 WALNUT STREET</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3RD FLOOR</u>	<input type="checkbox"/> Authorized	_____
Person	<u>KANSAS CITY, MO 64108</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<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.

Benjamin Farha  
 \_\_\_\_\_  
Signature of an authorized person

BENJAMIN FARHA  
 \_\_\_\_\_  
Typed or printed name of signer

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8082760

Entity Name: FARHA ROOFING KC, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on October 02, 2015, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of January 23, 2023

A handwritten signature in cursive script that reads "Scott Schwab".

**SCOTT SCHWAB  
SECRETARY OF STATE**

Certificate ID: 1250226 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.