



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Corporation
Application for Certificate of Authority**
(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Roof Pros Storm Division, Inc.

SECTION II

It is incorporated under the laws of State: FL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

- (a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*
- (b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 6/26/2006

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 3501-B N PONCE DE LEON BLVD #357

City or Town: ST AUGUSTINE State: FL Zip: 32084 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE
SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

OUTSIDE SALES

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER MCKINNEY	3501-B N PONCE DE LEON BLVD #357 ST AUGUSTINE , FL 32084 USA

PRESIDENT	CHRISTOPHER MCKINNEY	3501-B N PONCE DE LEON BLVD #357 ST AUGUSTINE , FL 32084 USA
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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER MCKINNEY	3501-B N PONCE DE LEON BLVD #357 ST AUGUSTINE , FL 32084 USA
PRESIDENT	CHRISTOPHER MCKINNEY	3501-B N PONCE DE LEON BLVD #357 ST AUGUSTINE , FL 32084 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	100,000.00

Signed this 26 Day of August, 2024 at 1:09:04 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By CHRISTOPHER MCKINNEY
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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State of Florida

Department of State

I certify from the records of this office that ROOF PROS STORM DIVISION, INC. is a corporation organized under the laws of the State of Florida, filed on January 24, 2020, effective June 26, 2006.

The document number of this corporation is P20000004837.

I further certify that said corporation has paid all fees due this office through December 31, 2024 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-sixth day of August,
2024*




Secretary of State

Tracking Number: 6351058980CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 26, 2024 01:09 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

