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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASCADE FIRE PROTECTION, 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:

JAMES S. SWAYZE
(Name of Person)
CASCADE FIRE PROTECTION, INC
(Firm/Company)
500 KIVETT DAIRY RD.
(Address)
MCLEANSVILLE NC 27301
(City/State and Zip code)

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For further information concerning this matter, please call:

JAMES S. SWAYZE at (336) 451-4329
(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.

1. **CASCADE FIRE PROTECTION, INC.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **North Carolina**

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

3. **56-2268642**

(FEI number, if applicable)

4. **July 26, 2001**

(Date of incorporation)

5. **PERPETUAL**

(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. **500 150 Kivett Dairy Road** **McLeansville** **NC** **27301**

(Principal office address)

500 150 Kivett Dairy Road **McLeansville** **NC** **27301**

(Current mailing address)

8. **DESIGN AND INSTALL AUTOMATIC FIRE SPRINKLER SYSTEMS.**

(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: **National Corporate Research, Ltd., Inc.**

Office Address: **103 N. Meridian Street**

Tallahassee

(City)

, Florida **32301**

(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.

Wayne Rafanelli, V.P.
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: JAMES SCOTT SWAYZE

Address: 500 KIVETT DAIRY RD.
MCLEANSVILLE NC 27301

Vice President: MELVIN E. MORRIS

Address: 500 KIVETT DAIRY RD.
MCLEANSVILLE NC 27301

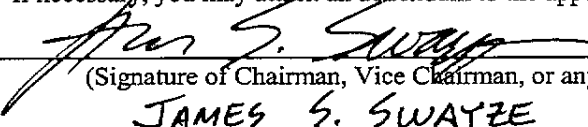
Secretary: _____

Address: _____

Treasurer: JEFFERY LYNN BOSTIC

Address: 3485 MCEVER ROAD SUITE 104
GAINESVILLE GA 30504

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JAMES S. SWAYZE PRESIDENT
(Typed or printed name and capacity of person signing application)



State of North Carolina

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

CASCADE FIRE PROTECTION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of July, 2001, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of August, 2003.

Elaine F. Marshall

Secretary of State