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W12000011333

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: All Metro Glass, 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," or "Certificate of Good Standing" 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:
Jenny Anderson
Name of Person
All Metro Glass, Inc.
Firm/Company
1357 East Cope Avenue
Address
Maplewood, MN 55109
City/State and Zip code
janderson@allmetroglass.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenny Anderson at (651 ) 777-1910
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{Certificate of Status} \tag{\$78.75 Filing Fee & Certified Copy} \tag{\$87.50 Filing Fee, Certified Copy} \tag{\$87.50 Filing Fee, Certified Copy}



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2012

JENNY ANDERSON 1357 E COPE AVE MAPLEWOOD, MN 55109

SUBJECT: ALL METRO GLASS, INC.

Ref. Number: W12000016333

We have received your document for ALL METRO GLASS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insertine word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 912A00009973

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#### 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.

	·	e adopted for the purpose of transacting business	; in Florida	i)
2. Minnesota	y under the law of which it is incorporated)	41-1998864		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. March 2, 2		Derpetual_	4 (22)	<del></del>
(Da	te of incorporation)	(Duration Year corp., will cease to exist or "	perpetual";	)
6.		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		<del>-</del>
<sub>7.</sub> 1357 E Co	pe Avenue, Maplewood MN 5	5109		
	(Principal office add			_
1357 E C	ope Avenue, Maplewood MN	55109		
	(Current mailing add	lress)		_
8 Commerc	ial glass/glazing subcontracto	r		
	s) of corporation authorized in home state or co		1	- •
9. Name and stre	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2	ୁ ଜୁଲ
Name:	OT Corneration S	Sichm	<i>ತ</i> ಕ್ಷ	- 光譜 - 記述 <sub>**</sub>
	CT Corporation S 1200 South Pine Isla	<del>garen</del> ,	ش ــــ	
Office Address:	•		3	े <b>भूद</b> अ.स.
	Plantation (City)	, Florida <u>3332</u> 4	2: <b>2</b>	
	(City)	(Zip code)	က်	S.
Having been nam designated in this	application, I hereby accept the appointn	ce of process for the above stated corporati nent as registered agent and agree to act in	this capa	icity. I
A		elative to the proper and complete perform	<i>,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.11: /////////

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: A. DIRECTORS Chairman: \_\_\_\_\_ Vice Chairman: Address: Director: Director: **B. OFFICERS** President: Michael G McGrath Address: 1387 E Cope Avenue Maplewood, MN 55109 Vice President: Secretary: \_\_ Address: \_\_\_ Treasurer: \_\_\_ Address: \_ \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Michael G McGrath

### Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: All Metro Glass, Inc.

Date filed: 03/02/2001

File Number: 110-92

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate reflects data thru: 02/01/2012

This certificate has been issued on: 03/15/2012



Mark Ritchie
Mark Ritchie

Secretary of State
State of Minnesota