

F00000003091

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 5/31

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*****78.75 *****78.75

Corporation(s) Name

Wilson Insulation of Jacksonville, Inc

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> LLC	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> UBR	<input type="checkbox"/> Ch
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Fictitious Name	
<input type="checkbox"/> UCC <input type="checkbox"/> 1 or <input type="checkbox"/> 3		

***Special Instructions**

<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input checked="" type="checkbox"/> Arts/ameds/mergers <input type="checkbox"/> Other-See Above		
<input checked="" type="checkbox"/> (XXX)Walk in	<input type="checkbox"/> (XXX)Pick-up	<input type="checkbox"/> ()Will Wait

Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

5/31

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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Wilson Insulation of Jacksonville, 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:

Jeffrey N. Berman, Esquire
(Name of Person)

Freed & Berman, P.C.
(Firm/Company)

4200 Northside Parkway, Building 14
(Address)

Atlanta, Georgia 30327
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Jeffrey N. Berman, Esquire at (404) 261-7711
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

FILED
DIVISION OF CORPORATIONS
MAY 31 AM 8:45

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.

RECEIVED
DIVISION OF CORPORATIONS
MAY 31 AM 8:45

1. Wilson Insulation of Jacksonville, 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. Georgia
(State or country under the law of which it is incorporated)
3. Applied For
(FEI number, if applicable)
4. May 3, 2000
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. To be the date certificate to transact business obtained.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1564 Woodington Circle, Jefferson Square, Suite 105
Lawrenceville, Georgia 30044
(Current mailing address)
8. To engage in any lawful activity.
(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: CT Corporation Systems
c/o CT Corporation Systems
Office Address: 1200 South Pine Allen Road
Plantation, Florida, 33324
(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.

Mary R. Adams MARY R. ADAMS
(Registered agent's signature) ASSISTANT SECRETARY

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Robert Wilson

Address: 1564 Woodington Circle, Jefferson Square, Suite 105
Lawrenceville, Georgia 30044

Vice Chairman: N/A

Address: _____

Director: Robert Wilson

Address: 1564 Woodington Circle, Jefferson Square, Suite 105
Lawrenceville, Georgia 30044

Director: N/A

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Robert Rowe

Address: 1564 Woodington Circle, Jefferson Square, Suite 105
Lawrenceville, Georgia 30044

CEO

~~Vice President~~ Robert Wilson

Address: 1564 Woodington Circle, Jefferson Square, Suite 105
Lawrenceville, Georgia 30044

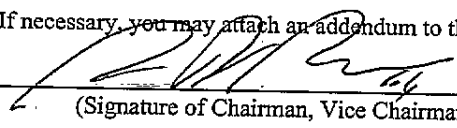
Secretary: Jodi Suggs

Address: 1564 Woodington Circle, Jefferson Square, Suite 105
Lawrenceville, Georgia 30044

Treasurer: N/A

Address: _____

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. Robert Rowe, President
(Typed or printed name and capacity of person signing application)

FILED
STATE
DEPARTMENT OF CORPORATIONS
MAY 31 AM 8:45

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 001400590
CONTROL NUMBER : 0020108
DATE INC/AUTH/FILED: 05/03/2000
JURISDICTION : GEORGIA
PRINT DATE : 05/19/2000
FORM NUMBER : 211

FILED
SECRETARY OF STATE
CLERK OF CORPORATIONS
00 MAY 31 AM 8:45

FREED & BERMAN PC
STACEY KISH
4200 NORTHSIDE PKWY BLDG 14
ATLANTA, GA 30327

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WILSON INSULATION OF JACKSONVILLE, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State