6/12/20 WINDOW MODES, ATD. 123569920 5

То:	Quartification/Tar Division of Corp	
SUBJE	CT: WINDOW	MODES, LTD.
20212		MODES, FTD. (Name of corporation - must include suffix)
Dear S	ir or Madam:	
The en	closed "Applicatio eck are submitted t	n by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", o register the above referenced foreign corporation to transact business in Florida.
Please	return all correspo	ndence concerning this matter to the following:
		NEAL GARY
		(Name of Person)
		WINDOW MODES, LTD.
		(Firm/Company)
		ONE HAYES STREET
		(Address)
		ELMSFORD, NY 10523
		(City/State/Zip)
Should	l you need to call s	omeone concerning this matter, please call: -07/07/0001046005 *****70.00 ******70.
NEA]	L GARY	at 914-592-4545 (Area Code & Daytime Telephone Number) W-17479
	(Name	of Person) (Area Code & Daytime Telephone Number) W-17479
STRE	ET ADDRESS:	MAILING ADDRESS:
Divisio 409 E.	ication/Tax Lien Son of Corporations Gaines St. assee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclos	ed is a check for th	e following amount:
X \$70	0.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy
		yrita
		7/25



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 12, 2000

NEAL GARY ONE HAYES STREET ELMSFORD, NY 10523

SUBJECT: WINDOW MODES LTD. Ref. Number: W00000017479

We have received your document for WINDOW MODES LTD. 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days of the considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 200A00038366

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.

(Name of corpo	ODES CO., LTD. Diration; must include the word "INC of like import in language as will cle	ORPORATED", "(COMPANY", "CORPO	RATION" or words or	
partnership if n	not so contained in the name at prese	ent.)	,		
2. NEW YORK			J,	13-3569938	·
(State or cou	intry under the law of which it is inc	corporated)	(FEI	number, if applicable)	
4.	03/22/90	5	PE	ERPETUAL will cease to exist or "perpetual"	
<u> </u>	(Date of incorporation)	(Duration: Year corp. v	vill cease to exist or "perpetual")	
6.	_	06/30/2000			
(Da	ate first transacted business in Floric	ia.) (SEE SECTIO	NS 607.1501, 607.1502	2 and 817.155, F.S.)	
7. 1 HAYES	STREET				
ELMSFORD	NY 10523	· . –			
		Current mailing ad	iress)		
8. WHOLESAL	E AND RETAIL SALE OF	WINDOW TRE	EATMENTS	OO .	
	Purpose(s) of corporation authorized			in state of Florida)	,
9. Name and stre	eet address of Florida registered a	gent: (P.O. Box or	Mail Drop Box <u>NOT</u> a	cceptable)	
Name:	ROBERT CHASE				
office Address:	7436 QUAY COL	SRT	•		
		•	Torida 33/207	30 0A	
-	TAMPA	, , _	(Zip code)		*
10. Registered age	ent's acceptance:				
Having been name n this application, comply with the pr	ed as registered agent and to accept I hereby accept the appointment a covisions of all statutes relative to the igations of my position as registere	s registered agent te proper and com	and agree to act in thi	is capacity. I further agree to	
	(Re	egistered agent's significant	mature)		

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

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.

Chairmai	in:	
Address:		-
Vice Cha	sirman:	<u>.</u>
Address:		
Director:		-
Address:		
	The state of the s	
Director:	the second secon	<u>-</u> - 27
Address:		
Address:		_ (T ;
		<u> </u>
	CERS (Street address only - P.O. Box NOT acceptable)	
President:	NEAL GARY	
Address:	ONE HAYES STREET	=
	ELMSFORD, NY 10523	· · · - · ·
/ice Presid	dent: STEVE GARY	·
Address:	ONE HAYES STREET	
	ELMSFORD, NY 10523	
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3. /	necessary you may attach an addendum to the application listing additional officers and/or directors.	
	(Signature of Chairman The Chairman or any off Title	
·	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	I

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of WINDOW MODES LTD. was filed on 03/22/1990, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of May two thousand.

Special Deputy Secretary of State SECULIANT OF STATE SECULIARIES SECURIARIES SE

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