Masters Choice Contings, Inc. 2200 N.W. 32nd St. #1300 Pompano Beach, Ela. 33069 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time ☐ Photocopy Mail out Will wait ☐ Certificate of Status **AMENDMENTS NEW FILINGS** Profit Amendment

Not for Profit

Limited Liability Domestication

Other

OTHER FILINGS

Annual Report Fictitious Name Resignation of R.A., Officer/Director

☐ Change of Registered Agent

Dissolution/Withdrawal

Merger

REGISTRATION/QUALIFICATION

Foreign

Limited Partnership

Reinstatement Trademark

Other

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Examiner's Initials

CR2E031(7/97)

To: Registration Section

TRANSMITTAL LETTER

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Division of Corporations	
SUBJECT: MASTERS Choice Conting two (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 transact business in Florida.	to
Please return all correspondence concerning this matter to the following:	
Cregory G. Schultz, Esq. (Name of Person)	
MASTERS Choice Conting, Inc. (Firm/Company)	
2200 N.W. 32nd st. #1300	
(Address)	
Pompano Beach, Fla. 33069	
(City/State/Zip)	
ASS A	8
	S
Should you need to call someone concerning this matter, please call:	_
AS A	_
AS A	1007 23
Gregory Scholtz # 954,978-8222	_
AS A	PILED 00T 23 PM
Cregory Scholtz at (954, 978-8222 FFO) (Area Code & Daytime Telephone Number) FFO	PILED 00T 23 PM
Cregory Scholtz at (954) 978-8222 EFO (Name of Person) (Area Code & Daytime Telephone Number) FS STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Registration Section Division of Corporations 409 E. Gaines St. P.O. Box 6327	PILED 00T 23 PM
Creatory Scholtz at (954) 978-9222 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	PILED 00T 23 PM
Cregory Scholtz at (954) 978-8222 EFO (Area Code & Daytime Telephone Number) FS STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32314	FILEU 007 23 PM 9: 12

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. Whaters Chaire Continue Two
2. ILLINOIS (State or country under the law of which it is incorporated) (FEI number, if applicable)
4 Oct 7, 1999 5. Perpetu A1 (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Publication.") (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. 2. 200 HARRISON St JAMESTOWN NY 14701 (Principal office address)
6. 2200 W. W. 32nd St. Pompano Bch. F14. 33069 (Current mailing address)
8. 4. Sales And Administration of Specialty Contings (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: Gregory G. Scholtz, Esq.
Office Address: 2200 n.w. 32nd St. #1300
POMPANO BEACH, Florida 33069 (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.
(Registered agent's signature)
1. 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: DONALO R. G. bbs	
Address: 2269 University DR. Svite 148	
Davie, Fla. 33324	
Vice Chairman:	
Address:	
n/	
Director: MARILYNN A. WICK	
Address: 950 S. Federal Hgw.	
Deerfield Beach, FlA. 33447	
Director:	
Address:	
B. OFFICERS	,
President: Donald R. Gibbs	
Address: 2269 University DR. Svite 148	SED OO
DAVIE, Ela. 33324	<u> </u>
Vice resident:	TARY ASS
Address:	
	10 A 20 A
Secretary: Monaco R. Gibbs	DA Z
Address: 2269 Driversity DR. Suite 148	
DAVIE, FIA. 33324	
Treasurer: MARILYNN A. WICK	
Address: 950 S. Federal Haw.	
Deerfield Beach, FlA. 33447	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	plication)
14. DONALD R. Gibbs - President	
(Typed or printed name and canacity of nerson signing application)	4

File Number 6071-081-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that Nevedy certify that Masters Choice Coating, Inc., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 1999. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE

In Testimony Whereof, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this day of _____

