

4.
FO1000002171

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FANELLI AND MASON OF SARASOTA, 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:

GARY FANELLI
(Name of Person)
THE WINDOW PROS
(Firm/Company)
P.O. Box 391
(Address)
MT. CARMEL, PA, 17851
(City/State and Zip code)

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

For further information concerning this matter, please call:

GARY FANELLI at (570) 339 1390
(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

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TALLAHASSEE, FLORIDA

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
- with
4/24

**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. FANELLI AND MASON OF SARASOTA, 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. PENNSYLVANIA 3. 23-3075914
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 1, 2001 5. PERPETUAL
(Date of incorporation) (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. P.O. Box 391, MT. CARMEL, PA 17851
(Principal office address)
P.O. Box 391, MT. CARMEL, PA 17851
(Current mailing address)

8. WINDOW RETAIL INSTALLATION, AND HOME IMPROVEMENT FINANCE SELLER
(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: FRED FANELLI SR.

Office Address: 5530 TRAILWINDS DR, MTIS
FT. MYERS, Florida 33097
(City) (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)

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: GARY FANELLI

Address: 3022 RIDGEVIEW DR. ORWIGSBURG, PA 17961

Vice Chairman: MICHAEL MASON

Address: 12012 OLYMPIC CLUB DR., CHARLOTTE N.C. 28720

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GARY FANELLI

Address: 3022 RIDGEVIEW DR., ORWIGSBURG, PA 17961

Vice President: MICHAEL MASON

Address: 12012 OLYMPIC CLUB DR., CHARLOTTE, NC 28720

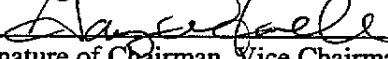
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. GARY FANELLI, CHAIRMAN AND PRESIDENT
(Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 16, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FANELLI AND MASON OF SARASOTA, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.

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TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

Kim Ditzinger

Secretary of the Commonwealth

JSOW