

CT CORPORATION SYSTEM

F01000005336

CORPORATION(S) NAME

(1) Poly Fab Industries, Inc. (Qualification)

(2) Poly Fab Industries, Inc. Fictitious Name:

Sun Room Concepts (Fictitious Name Filing)

FILED
01 OCT 12 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Profit

☐ Amendment

☐ Merger

☒ Nonprofit

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

10/12/01

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

Order#: 4818657

500004634675--0

-10/12/01--01040--006

*****70.00 *****70.00

Ref#:

Amount: \$

File 155

** Please insert
Doc # on
Fict. **

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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. POLY FAB INDUSTRIES, 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. MINNESOTA

(State or country under the law of which it is incorporated)

3. 41-1338835

(FEI number, if applicable)

4. 9/19/1978

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/01

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2400 WYCLIFF STREET

ST. PAUL, MN 55114

(Current mailing address)

8. SALES OF SUN ROOM COMPONENTS

(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 System

Office Address: 1200 South Pine Island 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.

CT Corporation System

(Registered agent's signature)

Kevin D. Lumberg, Asst. V.P.

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: RICHARD LOCKWOODAddress: 2400 WYCLIFF STREETST. PAUL MN 55114

Vice Chairman: _____

Address: _____

Director: LUVERNE JENSONAddress: 2540 Y.H. HANSON AVENUEALBERT LEA MN 56007

Director: _____

Address: _____

FILED
01 OCT 12 PM 2:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: RICHARD LOCKWOODAddress: 2400 WYCLIFF STREETST. PAUL MN 55114Vice President: LUVERNE JENSONAddress: 2540 Y.H. HANSON AVENUEALBERT LEA MN 56007Secretary: PAMELA VOGELAddress: 2400 WYCLIFF STREETST. PAUL MN 55114Treasurer: PAMELA VOGELAddress: 2400 WYCLIFF STREETST. PAUL MN 55114FILED
01 OCT 12 PM 2:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE**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. _____

RICHARD LOCKWOOD, PRESIDENT

(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

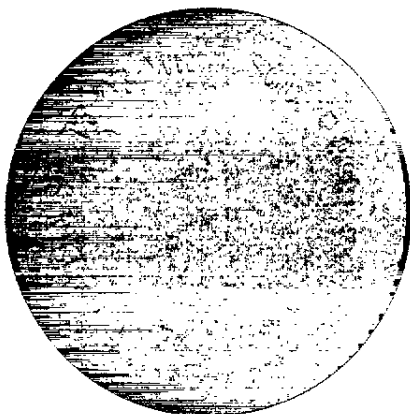
Name: Poly Fab Industries, Inc.

Date Formed: 09/19/1978

Chapter Governed By: 302A

This certificate has been issued on 09/19/01.

FILED
01 OCT 12 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mary Kiffmeyer
Secretary of State.