

FO2000001022

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTSIDE FOREST PRODUCTS, 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:

MERLIN SPRINGBORN
(Name of Person)
WESTSIDE FOREST PRODUCTS, INC
(Firm/Company)
10282 E 1400 NORTH RD
(Address)
BLOOMINGTON IL 61704
(City/State and Zip code)

For further information concerning this matter, please call:

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MERLIN SPRINGBORN at (309) 827 4717
(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

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

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02 FEB 25 PM 7:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

mtw
2/27

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

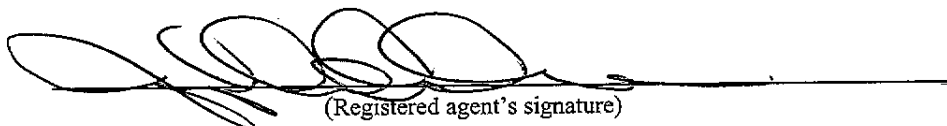
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WESTSIDE FOREST PRODUCTS, 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. ILLINOIS 3. 37-1244438
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 2, 1989 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. 4045 J. LOUIS ST GREEN COVE SPRINGS, FL 32043
(Principal office address)
10282 E 1400 NORTH RD BLOOMINGTON IL 61704
(Current mailing address)
8. BUILDING MATERIALS (Siding) Prefinisher & SALES
(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: JOSEPH D. ALDRICH
Office Address: 111 BRUBAKER LANE
EAST PALATKA, Florida 32131
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: KEVIN W. LEARY

Address: 305 COLTON AVE

BLOOMINGTON ILL 61701

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KEVIN W. LEARY

Address: 305 COLTON AVE

BLOOMINGTON ILL 61701

Vice President: _____

Address: _____

Secretary: MERLIN SPRINGBORN

Address: 803 PHAETON PL NORMAL ILL 61761

Treasurer: _____

Address: _____

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

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

14. MERLIN SPRINGBORN SECRETARY / TREASURER
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that WESTSIDE FOREST PRODUCTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 2, 1989, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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TALLAHASSEE, FLORIDA



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH FEBRUARY 2002 *day of* *A.D.*

Jesse White

SECRETARY OF STATE