# 02000 TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

(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:
(Name of Person)
(Name of Person)
WENTHERGUARD SYSTEMS (NC.
(Firm/Company)
(Firm/Company)  P.O BOX 14 (1910 HILLSHIRE DR)  (Address)  NEW CONDON WI. 54961
(Address)
NEW CONDON WI. 54961
(City/State and Zip code)
For further information concerning this matter, please call:  30005205693—-0 -04/09/0201014019 ******87.50 ******87.50
YNN E. MUSERILY at (920 538-0245 OR
(Name of Person) (Area Code & Daytime Telephone Number)
YNN E-MUSERIA         at (920) 53B-0245         ON           (Name of Person)         (Area Code & Daytime Telephone Number)           JARED MURRAY         1-800-456-1920
STREET ADDRESS: MAILING ADDRESS.
Registration Section  Division of Corporations  Registration Section  Division of Corporations
409 E. Gaines St.  P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & ★ \$87.50 Filing Fee

Certificate of Status

Certified Copy

χι 38/.50 Filing Fee, Certificate of Status & Certified Copy

WOZ-10187 1 J. BRYAN APR 1 1 2002



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 11, 2002

LYNN E. MURRAY PO BOX 14 NEW LONDON, WI 54961

SUBJECT: WEATHERGUARD SYSTEMS INC.

Ref. Number: W02000010187



We have received your document for WEATHERGUARD SYSTEMS INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 702A00021407

## 、APPLICATION BY, FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. WENTHERGUMED SYSTEMS INC. OUTO, S.
1. <u>DENTHERAUND SYSTEMS</u> NC.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of the 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. <u>(State or country under the law of which it is incorporated)</u> 39. 1340814  (FEI number, if applicable)
$\sim$
4. OTOBER 9, 1979 5. PRIVAL (Duration: Year corp. will cease to exist or "perpetual")
6. OPON GENERALIFICATION (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 14 NEW CONDON WI. SUGGI (1910 HINSHIE
Principal office address)  P.O BOX 4068 FT MYLING FL. 33918  D.N. NEWLONNI  LUI. 54961
(Current mailing address)
8. 113F048 - GENERAL SPICIALTY (113F00) SOFFIT FISCIAY  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: SHAWN M. ROOT
Office Address: ZOZB N. E ZOTH TEN.
(City) Fc. 33909, Florida 33909 (Zip code)
(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.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: \_\_ Address: \_ Director: Address: Director: \_ Address: \_ **B. OFFICERS** Vice President: \_ \\_\\_\_\\_\ 1607 DIVISION ST Secretary: \_ NEW CONDON (U) 54961 Treasurer: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

14. <u>Jayred Murray CFO</u> <u>Lyron F Murray PRES & TREAS</u> <u>Jane Murray V. P. & SEC\*Y</u> (Typed or printed name and capacity of person signing application)

(Signature of Chairman, Vice Chairman, or any officer listed in aumber 12 of the application)

DOM 180 181 185

#### United States of America

#### State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Division of Financial Institutions, do hereby certify that

### WEATHERGUARD SYSTEMS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is OCTOBER 9, 1979.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 31, 2002.

RAY ALLEN, Administrator

Division of Corporate & Consumer Services

Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.