

# F02000004132

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kennedy Skylights, 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:

500007104475--9

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

Connie Thomas

(Name of Person)

Kennedy Skylights, Inc

(Firm/Company)

P.O. Box 952256

(Address)

Lake Mary, FL 32795-2630

(City/State and Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Connie Thomas

(Name of Person)

at (407) 322-2630

(Area Code & Daytime Telephone Number)

Name Availability	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 DCC
Document Examiner	
Updater	Enclosed is a check for the following amount:
Updater Verifier	<input checked="" type="checkbox"/> \$70.00 Filing Fee DCC
Acknowledgement	DCC
W. P. Verifier	DCC

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

☐ \$78.75 Filing Fee & Certificate of Status  
☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

F02000004132

**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. Kennedy Skylights, 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. State of Nevada 3. 01-0688989  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 22, 2002 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. \_\_\_\_\_  
(Principal office address)  
P.O. Box 952256, Lake Mary, FL 32795-2256  
(Current mailing address)

8. Manufacture Skylights  
(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: Connie Thomas

Office Address: 109 Wildwood Drive

Sanford, FL, Florida 32773  
(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.*

Connie Thomas  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Connie Thomas

Address: P.O. Box 952256

Lake Mary, FL 32795-2256

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Lee Walls

Address: P.O. Box 952256, Lake Mary, FL 32795-2256

Treasurer: \_\_\_\_\_

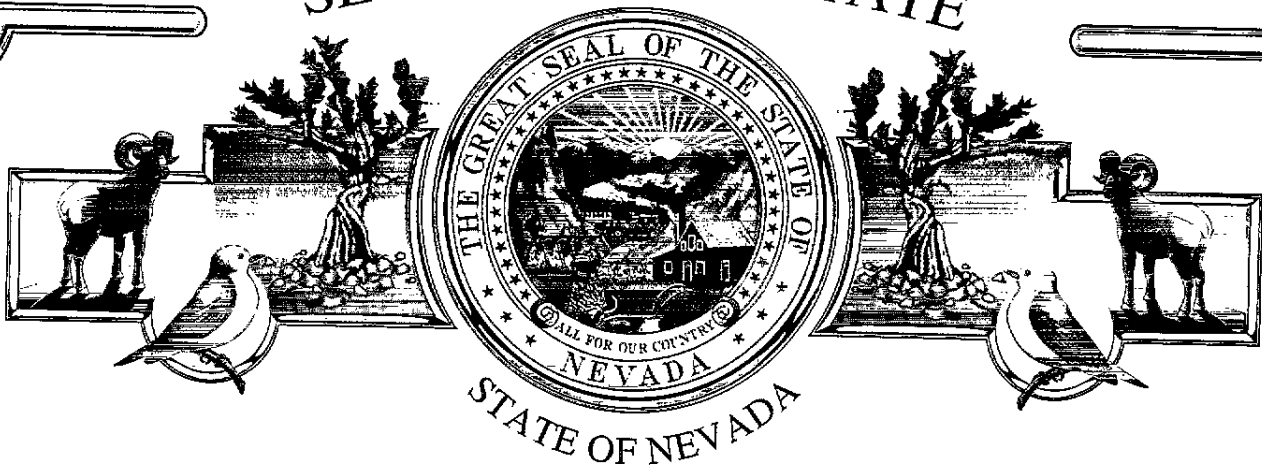
Address: \_\_\_\_\_

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

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

14. Connie Thomas, President  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filing by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KENNEDY SKYLIGHTS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 22, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 7, 2002.



*Dean Heller*

DEAN HELLER  
Secretary of State

By

*Acqueline Arru*  
Certification Clerk

FILED

08/07/02 4:11:05  
CLERK OF STATE  
TALLAHASSEE FLORIDA