# F02000004227

	ation Section n of Corporations				-			
SUBJECT:	CSM-Fab, Ir	corporated						
(Name of corporation - must include suffix)								
Dear Sir or Mad	dam:			02 SET TAL				
	Existence", and che		Authorization to Transact register the above reference	ed foreign Exporațion	T			
Please return all correspondence concerning this matter to the following:								
Bryan Var	nce	·		ORID ORID	<u>.                                    </u>			
		(Name of	Person)	<i>ت</i> ح				
CSM-Fab								
<u> </u>		(Firm/Co	mpany)		<del></del>			
P.O. Box	674	-						
***************************************		(Addı	ress)		<del></del>			
Ceredo, V	VV 25507							
(City/State and Zip code)								
For further information concerning this matter, please call:  500057209157 -07/29/0201038007 *****87.50 ******87.50								
Bryan: Va	nce	at ( 304		·				
(Name	of Person)	(Area	Code & Daytime Telephon	e Number)				
Registration Se Division of Cor 409 E. Gaines S Tallahassee, FL	ction porations St. . 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<b>3</b>				
Enclosed is a cl	heck for the following	ng amount:						
□ \$70.00 Filin		Filing Fee & Cificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Stat Certified Copy	us &			



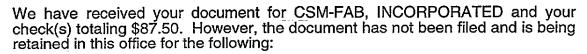
### FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 7, 2002

BRYAN VANCE CSM-FAB P.O. BOX 647 CEREDO, WV 25507

SUBJECT: CSM-FAB, INCORPORATED

Ref. Number: W02000022883



Please note that we have also RETAINED your \$87.50 payment.

We are sorry, but we cannot accept certified copies of articles of incorporation.

The document we require from the West Virginia Secretary of State's office is called a CERTIFICATE OF GOOD STANDING.

This is a 1-page certificate with no attachments. It will state that your entity is incorporated in West Virginia and that it has not been dissolved and continues in good standing.

A sample of a West Virigina certificate is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Letter Number: 502A00047240

Buck Kohr Corporate Specialist TILED M 8: 03

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

IN COMPLIANCE REGISTER A FOI	: WITH SECTION 607.1503, FLURIDA STAT REIGN CORPORATION TO TRANSACT BUS	SINESS IN THE STATE OF FLORIDA (	
	INCORPATED		3
(Name of corpora	ation; must include the word "INCORPORATED" ations of like import in language as will clearly inc partnership if not so contained in the name at pres	", "COMPANY", "CORPORATION" or dicate that it is a corporation instead of a sent.)	EILED MASS
2. West Wir	ginia3	75-3073689	<del>}</del>
			γ ω
<sub>4.</sub> July 23,	2002 51	perpetual  Duration: Year corp. will cease to exist or "perpetual"	
(Date	of incorporation) (E	Duration: Year corp. will cease to exist or "perpetual	")
6. <u>upon qua</u>	lification		
(Date first transac	tted business in Florida. If corporation has not trai (SEE SECTIONS 607.1501, 60	nsacted business in Florida, insert "upon qualification 07.1502 and 817.155, F.S.)	n.")
7. 5089-A R	oute 60 Ceredo, WV 25507		
	(Principal office address		
P.O. Box	674 Ceredo, WV 25507		
	(Current mailing address	s)	
N 5 4-			
8. Purpose(	ure and sale of metal prod s) of corporation authorized in home state or count	try to be carried out in state of Florida)	
9. Name and str	eet address of Florida registered agent: (P	O. Box or Mail Drop Box NOT acceptable)	
Name:	Frank Wilkinson		
Office Address:	918 Reed Canal Road #119	<u> </u>	u wik Fluerie
	South Daytona	Florido 32119	
	South Daytona (City)	(Zip code)	
Having been nan designated in thi	a application. I hareby accept the appointme	e of process for the above stated corporation at ent as registered agent and agree to act in this c lative to the proper and complete performance my position as registered agent.	сирисну. х

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 Address: \_ Vice Chairman: \_\_\_ Address: \_ Address: \_ Director: \_ **B. OFFICERS** Address: Vice President: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) vice PRES. (Typed or printed name and capacity of person signing application)



#### CSM-FAB, INCORPORATED

State of West Virginia, hereby certify that

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by my office. The corporation has not been dissolved according to my records.

I further certify that the Tax Commissioner of West Virginia advises me that the corporation has paid all annual license taxes that are now due, and that the corporation is in good standing with the State of West Virginia.

ACCORDINGLY, I issue this

#### CERTIFICATE OF GOOD STANDING



Given under my hand and the Great Seal of the State of West Virginia on this day of August 12, 2002

Secretary of State