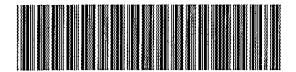
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(Add	ress)	
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(City	/State/Zip/Phon	e #)
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Special Instructions to F	iling Officer:	
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAN UFACTUREIS (Name of corporate	Agents of Georgia INC.	
Dear Sir or Madam:	·	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this mat	ter to the following:	
MR Jan GArdne	<i>N</i>	
MANUFacturers' Age	NES OF GEORGE INC.	
MANUFacturers' Agents of George INC. (Mrm/Company)		
1736 DeFoor Plac	e N.W.	
ATlanta, Ga. 30 (City/State	a and Zin code)	
City/blat	e and Lip code)	
For further information concerning this matter, pleas	e call:	
•		
Peter WoiTASzel at (405) (Name of Petson) (Are	1 351-2074	
(Name of Person) (Are	a 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	\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	

## 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. MANUFACE URERS Agents of Georgia, Inc.  (Enter name of corporation; must include "INCORPORATED," COMPANY," "CORPORATION,")  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Manufacturers Agents of Georgia (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. GEOFGIA 3. 58-1354244  (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2-20-1979 5. Perpetual  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  ousiness 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. MANUFACTURERS Agents, Inc. (Principal office address)
1736 DEFOOR PLACE N.W. AT/ANTA 64303/8 (Current mailing address)
8. Whole cale Plumbing Equipment (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: Lester F. Richardson
Office Address: 525 North Carroll Road
Lake land, Florida 3380/ (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.
Lester of Prihandson
(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:

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

A. DIRECTORS
Chairman: JAN GArdner
Address: 1736 DeFOOR PLACE N.W.
AT/ANTA, GA 30318
Vice Chairman: Mike Richardson
Address: 1936 DeFOOR PLace N. W.
ATLANTA, FA 30318
Director:
Address:
Director:
Address:
B. OFFICERS
President: JAN Gardner
Address: 1736 De Foots Place N.W.
Atlanta, GA 30318
Vice President: Mike Richard Son
Address: 136 DEFOOR PLace N.W.
Atlanta GA 30318
Secretary: MIKe Richardson
Address: 1936 De Foor Place N.W. AT/Antay6A30318
Treasurer: Mike Richardson
Address: D36 DEFOOR PLACE N.W. AT/ANG, 6A 30318
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jan E. Sadar
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. (Typed or printed name and capacity of person signing application)
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### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 032961007
CONTROL NUMBER : H901804
DATE INC/AUTH/FILED: 02/20/1979
JURISDICTION : GEORGIA
PRINT DATE : 10/23/2003
FORM NUMBER : 211

PETER WOJTASZEK 1736 DEFOOR PLACE, N.W. ATLANTA, GA 30318

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### MANUFACTURERS' AGENTS OF GEORGIA, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Cathy Cox Secretary of State