300000 5930

(Requestor's Name)
•
(Address)
(A.Idus a)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
M89, 694547, 671
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11/06/03--01056--004 **78.75

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: United Walls Systems, FAC
(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: Marh a. Dwens (Name of Person) United Wall Systems, Inc. (Firm/Company)
(Name of Person)
United Wall Systems, Inc
(Firm/Company)
75 28 Derece R.V.
Timonium Md 21093
(City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Manh Dwen at (U10) 454 453 - 6790 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee

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. United Wa	ll systems, Inc.					
	of corporation; must include "INCO "Corp," "Inc," "Co," or "Corp.")	ORPORATED,	" "COMPANY," "CO	PRPORATION,"		
(If name unav	ailable in Florida, enter alternate c	orpc rate name	adopted for the purpose	e of transacting busin	ess in Florida)	
2. JULI	ylano	3.	r			
(State or count	yunder the law of which it is inco	orporated)	(FEI n	umber, if applicable)		
4. 04/24/200	0	5.	Perpetua (Duration: Year corp	al		
(D	ate of incorporation)		(Duration: Year corp	. will cease to exist o	r "perpetual")	
6. UPON QUAL				÷		
(Date first tran	sacted business in Florida. If corp (SEE SECTION)	oration has not ONS 607.1501,	transacted business in 607.1502 and 817.155	Florida, insert "upon 5, F.S.)	qualification.")	j i
7. <u>95</u> 38 Deere	co Rd., Timonium, MD 2		 		<u> </u>	e) e
	(Princ	ipal office addr	ess)		inay ASSE	
	(Curre	nt mailing addr	ess)		7 1 2 2 A	Ĩ.
	•	Ū	•	•	A. A.	II
0	3 33				95 19	
8. Construct.	ion - drywall, stucco	- ctata as acc			*************************************	
(r urpos	e(s) or corporation audiorized in no	mit state of cor	may to be carried out	m state of Florida;	2 -	
9. Name and <u>st</u>	reet address of Florida registe	ered agent: (P.O. Box or Mail Dr	op Box <u>NOT</u> accep	otable)	
Name:	Corporation Service Co	mpany				
Office Address	2007 77					
Office Address:	1201 Hays Street					
	Tallahassee		, Florida <u>32301</u>			
	(City)			code)	•	
	(0.5)		(<u></u> p	0000)		
	agent's acceptance:					
Having been na	med as registered agent and to	accept servic	e of process for the a	above stated corpor	ation at the pla	c e
designated in th	is application, I hereby accept	the appointm	ent as registered age	nt and agree to act	in this capacity	. I
further agree to and I am famili	comply with the provisions of a ar with and accept the obligation	all statutes re. ons of my pos	lative to the proper a ition as registered ag	ind complete perfoi gent.	rmance of my d	uties,
	Corporation Service Com	pany	\			
	Homen	Run)			
•	(Registered agen	t's signature)				-
	(<i></i>	77				

- 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

A. DIRECTORS	
Chairman: MARK OWENS	
Address: -	
Vice Chairman: Ed Mc Kean	•
Address:	
Director:	
Address:	
	- 1
Discount	
Director:	
Address:	\$0.7 N
B. OFFICERS	
President: MARK A. OWENS	D. S.
Address: 2300 Crestnoll Rd	
Reisters town Mi	d 2-1136
Vice President: Ed Mc Ke Aw	
Address: 7 VIrgINIA AV	
Reisterstown	MS 21136
Secretary: <u>Deborah Dwens</u>	IRd Reisters fown Md 21136
	I KA KEISTERS 1000 MA 3/136
Treasurer: MARK DWENS	· · · · · · · · · · · · · · · · · · ·
Address: Same	
	the application listing additional officers and/or directors.
13. Malhalium	· · · · · · · · · · · · · · · · · · ·
(Signature of Chairman, Vice Chairman, West A. OWENS	an, or any officer listed in number 12 of the application)
14.	apacity of person signing application)
tarbed of Difficultation and C	ADDER OF DELICATE AND INCHES AND ADDITIONAL

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT UNITED WALL SYSTEMS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 28, 2003.

Paul B. Anderson Charter Division

Bauf B. Undam

