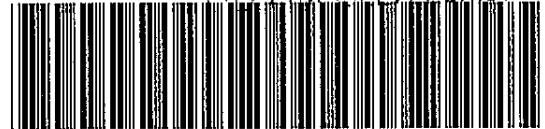


**F04000002161**

2004 APR 19 P 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**500028432535**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*2004-13192*

Office Use Only

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

**FILED**

2004 APR 19 P 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 5, 2004

DEANNA REGISTER  
P.O. BOX 880217  
PORT ST. LUCIE, FL 34988-0217

SUBJECT: TREASURE COAST INSTALLATION INC.  
Ref. Number: W04000013192

We have received your document for TREASURE COAST INSTALLATION INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 204A00022146

TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

SUBJECT: Measure Coast Installation, Inc.  
(Name of corporation - must include suffix)

2004 APR 19 P 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Deanna Register  
(Name of Person)  
Measure Coast Installation, Inc.  
(Firm/Company)  
P.O. Box 880217  
(Address)  
Port St. Lucie, FL 34988-0217  
(City/State and Zip code)

For further information concerning this matter, please call:

Deanna Register at ( 772 ) 446-8620  
(Name of Person) (Area 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    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

*Please expedite. I have 25 days to submit an occupational license to Office of Supplier Diversity for certification. Thank you!*

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

FILED

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.

2004 APR 19 P 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Measure Coast Installation, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 48-1306507

(FEI number, if applicable)

4. 4-9-03

(Date of incorporation)

5. Perpetual

(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. 10116 Crosby Place Port St. Lucie, FL 34986

(Principal office address)

P.O. Box 880217 Port St. Lucie, FL 34988-0217

(Current mailing address)

8. above address is home based office only  
Installation of commercial kitchen equipment (labor only)  
(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: Deanna Register

Office Address: 10116 Crosby Place

Port St. Lucie

(City)

, Florida 34986

(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.

Deanna Register, President

(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:

**A. DIRECTORS**

Chairman: Deanna Register

Address: 10116 Crosby Place  
Port St. Lucie, FL 34986

**FILED**

Vice Chairman: —

Address: —

2004 APR 19 P 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Director: —

Address: —

Director: —

Address: —

**B. OFFICERS**

President: Deanna Register

Address: 10116 Crosby Place  
Port St. Lucie, FL 34986

Vice President: —

Address: —

Secretary: —

Address: —

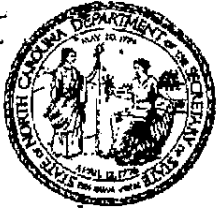
Treasurer: —

Address: —

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

13. Deanna Register, President  
(Signature of Director or Officer listed in number 12 of the application)

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



# State of North Carolina

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

#### **TREASURE COAST INSTALLATION, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of April, 2003, with its period of duration being Perpetual.

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been delivered to the Secretary of State, if applicable; and that** the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of March, 2004.

*Elaine F. Marshall*

Secretary of State