

F04000002630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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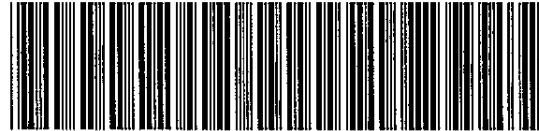
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/04--01019--027 **87.50

Handwritten signature

FILED
04 MAY 12 PM 4:42
STATE
TALLAHASSEE, FLORIDA DIVISION OF CORPORATION
04 MAY 12 PM 11:23

CT CORPORATION

May 12, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 MAY 12 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6101102 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Wilson Insulation Company (GA)
Certificate of Status/Authorization-Foreign
Florida

Wilson Insulation Company (GA)
Cert Copy of Certificate of Authority
Florida

Wilson Insulation Company (GA)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

FILED
04 MAY 12 PM 4:12
TALLAHASSEE, FLORIDA
U.S. DISTRICT COURT

660 East Jefferson Street
Tallahassee FL 32301
Tel 850 222 1092
Fax 850 222 7615

A WoltersKluwer Company

**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.

04 MAY 12 PM 4:42
FILED
TALLAHASSEE, FLORIDA

1. **WILSON INSULATION COMPANY**

(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. **Georgia**

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

3. **58-1650500**

(FEI number, if applicable)

4. **October 26, 1979**

(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. **5350 Snapfinger Woods Drive, Decatur, GA 30035**

(Principal office address)

same

(Current mailing address)

8. **insulation sales and installation**

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida **33324**

(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.

(Registered agent's signature)

**RACHEL T. HAYES
ASSISTANT SECRETARY**

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: **Robert A. Wilson, Sr.**

Address: **5350 Snapfinger Woods Drive**

Decatur, GA 30035

Vice Chairman: _____

Address: _____

Director: **Rebecca J. Wilson**

Address: **5350 Snapfinger Woods Drive**

Decatur, GA 30035

Director: _____

Address: _____

B. OFFICERS

President: **Robert A. Wilson, Sr.**

Address: **5350 Snapfinger Woods Drive**

Decatur, GA 30035

Vice President: _____

Address: _____

Secretary: **Rebecca J. Wilson**

Address: **5350 Snapfinger Woods Drive, Decatur, GA 30035**

Treasurer: **Rebecca J. Wilson**

Address: **5350 Snapfinger Woods Drive, Decatur, GA 30035**

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. **Robert A. Wilson, Sr., President**

(Typed or printed name and capacity of person signing application)

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

CONTROL NUMBER : H911327
DATE INC/AUTH/FILED: 10/26/1979
JURISDICTION : GEORGIA
PRINT DATE : 05/10/2004
FORM NUMBER : 211

BERMAN FINK VAN HORN P.C.
DONNA C. JAMES
3423 PIEDMONT ROAD
SUITE 200
ATLANTA, GA 30305

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 as of the above print date

WILSON INSULATION COMPANY
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20040510134418196



Cathy Cox

Cathy Cox
Secretary of State