

FD4000006940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

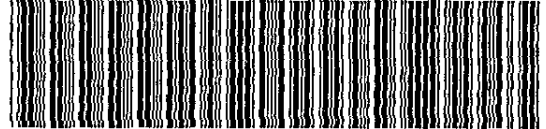
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/20/2000	200026301826	DOMESTIC ARTICLES/FOR PROFIT (ARF)	85.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

RICHARD R. BROOKS, ATTY.  
3808 MOGADORE RD.  
MOGADORE, OH 44260

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, J. Kenneth Blackwell**

**1181413**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**SHELTERGUARD ROOFING SYSTEMS INC.**

and, that said business records show the filing and recording of:

Document(s):

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**200026301826**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 25th day of August, A.D. 2000.

*J. Kenneth Blackwell*  
Ohio Secretary of State

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Medical Solutions, Inc.

(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:

Christopher C. Brown

(Name of Person)

Advanced Medical Solutions, Inc.

(Firm/Company)

106 W. Grand River Ave.

(Address)

Howell, Michigan 48843

(City/State and Zip code)

For further information concerning this matter, please call:

John H. Damell

(Name of Person)

at ( 517 ) 548-0186

(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

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TALLAHASSEE, FLORIDA

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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

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

Advanced Medical Solutions, Inc of South Florida  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan 3. 38-2969680  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. January 29, 1991 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 106 W. Grand River Ave, Howell, Michigan 48843  
(Principal office address)

As Above  
(Current mailing address)

8. Any and All Lawful Business  
(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 NOT acceptable)

Name: Gregory L. Geisel

Office Address: 1729 Costa Del Sol  
Boca Raton, Florida 33432  
(City) (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)

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:

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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: Christopher C. Brown

Address: 106 W. Grand River Ave.

Howell, MI 48843

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Christopher C. Brown

Address: 106 W. Grand River Ave.

Howell, MI 48843

Vice President:

Address:

Secretary: Christopher C. Brown

Address: 106 W. Grand River Ave.; Howell, MI 48843

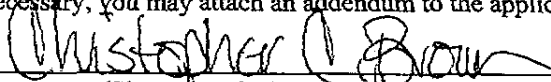
Treasurer: Christopher C. Brown

Address: 106 W. Grand River Ave.; Howell, MI 48843

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

13.

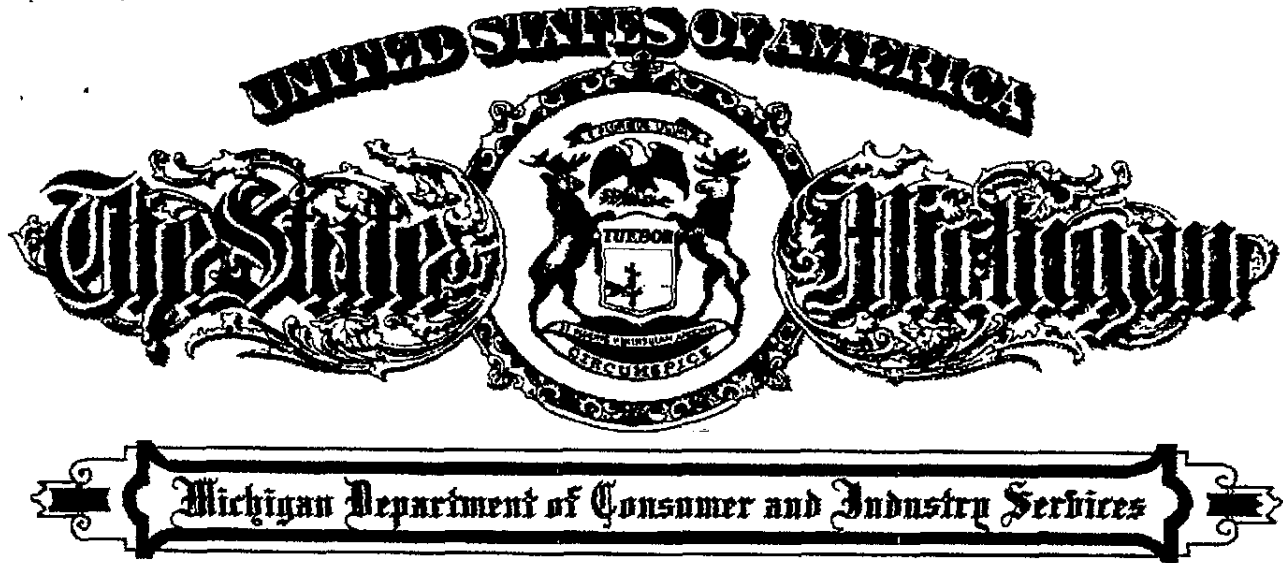


(Signature of Director or Officer listed in number 12 of the application)

14.

Christopher C. Brown, President & Director

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



Lansing, Michigan

This is to Certify That

**ADVANCED MEDICAL SOLUTIONS, INC.**

was validly incorporated on February 25, 1991, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission  
819860

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of December, 2004.

*Andrew G. Mitchell*, Director

Bureau of Commercial Services