# F05000000408

(Re	equestor's Name)
(Ad	ddress)
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PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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DEPART STATE
DIVISION OF SUSPENDIATIONS
TALLAMASSEE, ET ORIDA

RECEIVED 2005 JAN 25 PM 3: 37
5 JAN 25 PM 2: 36 SCURETARY OF STATE ALLAHASSEE, FLORIDA

FILED

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Moss Home Improvements Ivc.  (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:			
BEVERLY Moss			
(Name of Person)			
Moss Home Improvements, Inc. (Firm/Company)			
4600 Inaleside LAND			
(Address)			
Twools IN 46227 FEE S			
(City/State and Zip code)  For further information concerning this matter, please call:			
(Name of Person)  (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:			
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy Certified Copy			



January 25, 2005

BEVERLY MOSS MOSS HOME IMPROVEMENT, INC. 4600 INGLESIDE LANE INDIANAPOLIS, IN 46227

SUBJECT: MOSS HOME IMPROVEMENTS, INC.

Ref. Number: W05000003910

We have received your document for MOSS HOME IMPROVEMENTS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6913.

Letter Number: 005A00005054

Diane Cushing Document Specialist

#### 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. (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. TNO ANA
(State or country under the law of which it is incorporated)

3. 35-198 4897
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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:

Office Address:

#### 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:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Dispator
Director:
Address:
<u> </u>
Director:
Address:
B. OFFICERS
President: Steve Moss
Address: 4600 Ingleside LN.
Todals IN 40227
Vice President: BEVERIA MOSS To 3
Address: 4600 Tryleside W.
Address: 100 to
Indpls IN 46227
Secretary: PEVERIY 171050
Address: SAME AS Above
Treasurer: KEVERLY MOSS
Address: DAME AS Above
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. BEVER J. MOSS Vice President Sec TREASURE (Typed or printed name and capacity of person signing application)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

i, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### MOSS HOME IMPROVEMENTS INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 03, 1996, and was in existence or authorized to transact business in the State of Indiana on January 25, 2005.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Fifth Day of January, 2005.

TODD ROKITA, Secretary of State

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