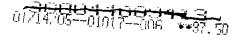
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	Requesto	or's Name)	
	(Address)		
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	City/State	e/Zip/Phone #)
PICK-UP		WAIT	MAIL
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FORCE 5 WALLS. (N	INC. lame of corporation - must include suffix)	
Dear Sir or Madam:		
	n Corporation for Authorization to Transact Bu are submitted to register the above referenced	
Please return all correspondence conce	erning this matter to the following:	
M. Mort Swaim		
	(Name of Person)	
M. Mort Swaim, P.C.		
	(Firm/Company)	₩
235 West Laurel Avenue		
	(Address)	JAN JAN
Foley, Alabama 36535		ASSET
	(City/State and Zip code)	KOF SI
For further information concerning thi	is matter, please call:) II: 29
Mort Swaim	at (251) 943-3999	
(Name of Person)	(Area Code & Daytime Telephone l	Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 33	on rations
Enclosed is a check for the following	amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Fi Certifica	iling Fee &	\$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.

I, FORCE 5 WALLS, INC.				
(Enter name of corporation; must include "INCORPORA	TED." "COMPANY." "CORPORATION."			
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	, , , , , , , , , , , , , , , , , , , ,			
FORCE 5 WALLS OF THE EMERALD COAST,	TNC			
				
(If name unavailable in Florida, enter alternate corporate	name adopted for the purpose of transacting busin	ess in Florida)		
- 4. 4				
2. Alabama	3. <u>20-2069603</u>			
(State or country under the law of which it is incorporated	f) (FEI number, if applicable)			
4. <u>December 16, 2004</u>	5. Perpetual			
(Date of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")		
	(· Lactarian)		
6. Company has not yet transacted busi	ness in Florida			
	ness in Florida, if prior to registration)	M B _		
	607.1502, F.S., to determine penalty liability)	<u></u>		
(0-2 020 100 100 100 100 100 100 100 100 10	= 1.1502, 1.151, to determine pendity fluority)			
7. Post Office Box 557, Magnolia Sprin	100 Alahama 36555 W	F		
(Principal offic				
(Timelpai offic	ro address)	0 11		
Post Office Box 557, Magnolia Springs, Alabama 36555				
(Current mailin				
(Curen mann	g address)	· • ·		
	1 . i	29		
9 Dagion fobmination installation	بر تک داد، که داد، که درونه میشود.			
8. Design, fabrication, installation,		<u>loors and decks.</u>		
(Purpose(s) of corporation authorized in home state	e or country to be carried out in state of Florida)			
O Manager de description of the CPI of the C	(D.O. D. MOT			
9. Name and street address of Florida registered agent:	(P.O. Box NOT acceptable)			
Name: <u>C T Corporation System</u>				
Office Address: 1200 South Pine Island R	oad			
Plantation	. Florida 33324			
(City)	(Zip code)			
(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.

Pau X. Morris

(Registered agent's signature)

DALF W. MORRIS

ASSISTANT VICE PRESIDENT

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:		
Director: Rodney D. Hubble		
Address: Post Office Box 557		
Magnolia Springs, Alabama 36555		
Director: Betsy D. Hubble	TAIS Z	
Address: Post Office Box 557	- SS 23	- 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 - 134 -
Magnolia Springs, Alabama 36555	HAZZ MAZZ	erraces
B. OFFICERS	SEE OF THE LANGE	; ;a
President: Rodney D. Hubble	rs A	
Address: Post Office Box 557	: 한제 2	
Magnolia Springs, Alabama 36555		
Vice President:		
Address:		
Secretary: Betsy D. Hubble		
Address: Post Office Box 557, Magnolia Springs, Alabama 36555		
Treasurer:		
Address:		
NOTE: If necessary you may attack an addandow to the application listing additional officers	ond/an dinactors	
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. Rodney D. Hubble, President		
(Typed or printed name and capacity of person signing application)		

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Force 5 Walls, Inc. incorporated in Baldwin County, Foley, Alabama on December 16, 2004. I further certify that the records do not disclose that said Force 5 Walls, Inc. has been dissolved.

ZECRETARY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

December 29, 2004

Date

Nancy L. Worley

Secretary of State