Division of Corporations

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To:

Division of Corporations

: (850) 205-0383 Fax Number

From:

: A 1 A CORPORATE SERVICES, INC Account Name

Account Number : I20010000247 : (800)494-3124 Phone : (305)675-2811 Fax Number

FOREIGN PROFIT QUALIFICATION

HARRIS ROOF SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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# 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.

	ROOF SYSTEMS, INC.	TENE "COMPANIA" (CORROBATION	· · · · · · · · · · · · · · · · · · ·		
words or abbrev	ration; must include the word "INCORPORA viations of like import in language as will clea or partnership if not so contained in the name:	rly indicate that it is a corporation instead			
COLORA	ADO :	841460353	841460353		
(State or country	under the law of which it is incorporated)	(FEI number, if applical	ble)		
03/12/03		PERPETUAL			
(Dat	te of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")		
UPON	QUALIFICATION		-		
(Date first transs	acted business in Florida. If corporation has n (SEE SECTIONS 607.15	ot transacted business in Florida, insert "u 01, 607.1502 and 817.155, F.S.)	pon qualification.")		
<u>3420 W.</u>	LaSalle Street Tampa, FL 33	607			
	(Principal office as	idress)			
3420 W.	LaSalle Street Tampa, FL 336	507			
	(Current mailing as	idress)			
(Purpose)	(s) of corporation authorized in home state or	country to be carried out in state of Florida	a)		
Name and str Name:	reet address of Florida registered agent Christina Lawson	: (P.O. Box or Mail Drop Box <u>NOT</u> a	* <b>5</b> 0		
Name:		: (P.O. Box or Mail Drop Box NOT	acceptable)		
Name:	Christina Lawson  3420 W. LaSaile Street  Tampa	, Florida 33507	OS MAR -3 AT		
Name:	Christina Lawson  3420 W. LaSalle Street		OS MAR -3 AT		
Name: Office Address:  O. Registered a laving been nan esignated in thi	Christina Lawson  3420 W. LaSalle Street  Tampa  (City)  rigent's acceptance:  med as registered agent and to accept ser application, I hereby accept the appoint	, Florida 33607 (Zip code)  vice of process for the above stated coment as registered agent and agree t	orporation at the place act in this canacity		
Name: Office Address:  O. Registered a laving been nan esignated in this	Christina Lawson  3420 W. LaSalle Street  Tampa  (City)  rgent's acceptance:  med as registered agent and to accept ser	, Florida 33607 (Zip code)  vice of process for the above stated coment as registered agent and agree to relative to the proper and complete prope	orporation at the place act in this canacity		
Name: Office Address;  O. Registered a laving been nan lesignated in this	Christina Lawson  3420 W. LaSalle Street  Tampa  (City)  Ingent's acceptance:  In ed as registered agent and to accept ser  In application, I hereby accept the appoint  Comply with the provisions of all statutes	, Florida 33607 (Zip code)  vice of process for the above stated coment as registered agent and agree to relative to the proper and complete prope	orporation at the place act in this canacity		

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.

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12. Names and b	usiness addresses of officers and/or directors:		_	` ~		
A. DIRECTORS						
Chairman: Mel						
Address: 342	0 W. LaSaile Street Tampa, FL 33607					
Anui 086						
Vice Chairman:						
Address:						
Director: Chri	stina Lawson					
Address: 342	0 W. LaSalle Street Tampa, FL 33607	·	·			
Director:						
n OFFICERS						
B. OFFICERS  President: Melb	aa Harrie					
	]?	·	<del>9</del>			
Address: 3420	W. LaSalle Street Tampa, FL 33607	· <u>}</u>	-5	2 1		
		·' <del>:</del>	$\frac{2}{\omega}$	:		
Vice President:		·	<del>==</del>			
Address:		1	를: 급:	* <u> </u>		
<del></del>		) <u> </u>	<u> </u>	<del>-</del> -		
Secretary:C	nristina Lawson	ך סני				
Address:34	20 W. LaSalle Street Tampa, FL 33607					
Treasurer:Ch	ıristina Lawson					
Address: 34	20 W. LaSalle Street Tampa, FL 33607					
NOTE: If necess	ary, you may attach an addendum to the application listing additional officers and/or	direct	ors.			
13.	Visling XX Herrison					
6	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appl	ication	a)			
14	14. Christina Lawson  (Typed or printed name and capacity of person signing application)					

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## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

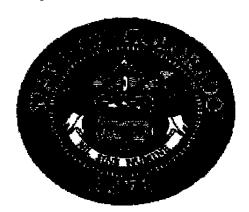
HARRIS ROOF SYSTEMS, INC.

#### is a Corporation

formed or registered on 03/12/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031082601

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/24/2005 that have been posted, and by documents delivered to this office electronically through 03/03/2005 @ 10:04:49 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/03/2005 @ 10:04:49 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6163224.



Secretary of State of the State of Colorado

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Notice: A certificate toxical electronically from the Coloredo Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/bis/CertificateSearchCriteria.do">http://www.sos.state.co.us/bis/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely outland and is not necessary to the volid and effective issuance of a certificate. For more information, visit our Web site, http://www.sus.stote.co.us/click Business Center and select "Frequently Asked Questions.

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