F05000001781

Metropolitan Siding, Windows & Roofing 11701 Central Ave, Suite 104-105 Waldorf, MD 20601
(City/State/Zip/Phone #)
(Only Older Liph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Eiling Officer
Special Instructions to Filing Officer:
1
}
1
ì
}



400048316614

03/21/05--01077--004 **78.75

2005 MAR 21 PM 2: 30

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Methopolitan Siding & Windows' (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: JE-Cley DALEI HOMAS
Metro politau Siding & Windows Fine
(Firm/Company) 11701 CENTRAL AVENUE Suite 104-105 888 (Address)
WALDORF MARY /ANN 20601 32 33 (City/State and Zip code)
For further information concerning this matter, please call:
TECH THOMAS at (301) 870-4500 (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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
t t		
(Enter name of c "Inc.," "Co.," "C	OPOLITAN SIDING & WINDOWS TUC Proporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Sorp," "Inc," "Co," or "Corp.")	•
(If name unavail	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	
2. MAR	4/AND 3. 52-16/1992) TO P	
(State or country	under the law of which it is incorporated) (FEI number, if applicable)	
4. <u>(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) </u>	BER 13 1988 5. <u>perpetual</u> e of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
`	Continuity (Saturdin Four corp. 47th coase to oxist of perpending)	
6	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. <u>//701</u>	(Principal office address)	26
	(Current mailing address)	
8. <u>Root</u> (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	DONALD CLARK	
Office Address:	10003 SATEllite Blus Suite 200	_
	ORIANDO, Florida 32807	
	(City) (Zip codé)	
Having been nan designated in this further agree to c	ngent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties or with and accept the obligations of my position as registered agent.	۶,
_	Don Cla	
	(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: Director: ___ Address: Director: ___ **B. OFFICERS** Vice President: Secretary: _ Address: ___ Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application Listing additional officers and/or directors. Officer listed in number 12 of the application) JETTREY DATE HOMAS (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO CORPORATIONS OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCORDING TO THE RECORDS OF THIS DEPARTMENT METROPOLITAN SIDING & WINDOWS INC. FILED ITS ARTICLES OF INCORPORATION, WHICH HAVING BEEN RECEIVED AND APPROVED FOR RECORD BY THIS DEPARTMENT ON OCTOBER 13, 1988.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 16, 2005.

Paul B. Anderson Charter Division

2005 MAR 21 PM 2: 30



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410)333-7097

0003298746

erpjuk