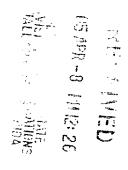
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: EXOBUS VINYL SIDING, 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:
SILVAND DOS RETS
(Name of Person)
SILVAND DOS RETS (Name of Person) EXODUS VINYL SIDING, INC (Firm/Company)
(Firm/Company)
266/ UNIVERSITY 13101 N. (Address) TACKSON VILLE FL 32211 (City/State and Zip code)
(Address)
JACKSON VILLE FL 32211
(City/State and Zip code)
For further information concerning this matter, please call:
SILVANO DOS RETS 770 . 318-4707
SILVANO JOS PETS at (770) 318-4707 (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:
□ \$70.00 Filing Fee Certificate of Status □ \$78.75 Filing Fee Certified Copy □ \$78.75 Filing Fee Certified Copy □ \$87.50 Filing Fee, Certified Copy □ \$87.50 Filing Fee, 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. EXONUS VINYL SIDING INC
(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) 4. SEPTEMBER 30, 2002
(Date of incorporation)

5. PERFETUAL
(Duration: Year corp. will cease to exist or "perpetual") 6. APRIL 01, 2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2661 CNIVERSITY BLUD N. JACKSONVILLE, FLET (Principal office address) 8. VINYL 51DING CONTRACTOR - CONSTRUCTIONS

(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) SILVANO DOS REIS Name: JACKSONVILLE , Florida 300//
(City) (Zip code) 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.

Sil buo Cair of Right (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: SILVANO DOS PEIS	
Address: 2661 UNIVERSITY BLUD N.	
Address: 2661 UNIVERSITY 131UD N. TACKSON VILLE FL 322/1	
Vice Chairman:	,u-
Address:	£ ::
Director:	
Address:	2
	л 2 т
Director:	1
Address:	~ m
T. C.	ro U
B. OFFICERS	35
2661 1100 V 60 5 7 - B 1 112 N	
President: SILVANO DOS REIS Address: D661 UMVERSITY BLUD N TACKSONVIIIE, FL 32211	
SMORSON VIIIB, PL SOOTI	
Vice President:	
Address:	
	·
Secretary:	
Address:	
Treasurer:	<u></u>
Address:	· · ·
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director	ve.
	5.
(Signature of Director or Officer listed in number 12 of the application)	
14 SILVANO DOS RAS	
(Typed or printed name and capacity of person signing application)	

Secretary of State **Corporations Division** 315 West Tower

#2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

* DOCKET NUMBER : 050870901 CONTROL NUMBER : 0249963 DATE INC/AUTH/FILED: 09/30/2002 JURISDICTION : GEORGIA : 03/28/2005 : 215 PRINT DATE

FORM NUMBER

MANAGEMENT CONSULTANTS ASSOCIATES INC. FERNANDO ROMERO 2915 CEDAR KNOLL DR ROSWELL, GA 30076

CERTIFIED COPY

I, Cathy Cox, the Secretary of State of the State of Georgia hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

EXODUS VINYL SIDING, INC. A DOMESTIC PROFIT CORPORATION

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the date set forth above its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



Cathy Cox Secretary of State