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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, LEPID

405 Gl

COVER LETTER

| TO: Registration Section Division of Corporations | · |
|---|---|
| SUBJECT: RESCOM OVERHEAD DOORS (Name of corpor | S INC ration - must include suffix) |
| Dear Sir or Madam: | |
| | for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to |
| Please return all correspondence concerning this ma | atter to the following: |
| Nancy Watts | |
| (Nam | e of Person) |
| Windsor Republic Door | Inc |
| (Firm | /Company) |
| PO Box 8915 | |
| Q. | Address) |
| Little Rock AR 72219-89 | 915 |
| (City/St | ate and Zip code) |
| For further information concerning this matter, plea | "" "T" T" "" "" "" "" "" |
| Nancy Watts at (50) | 1) 570-9311 (8) |
| , | rea Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | 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 ☐ \$78.75 Filing Fee & Certificate of Status | The Status Filing Fee & Status & Certified Copy Status & Certified Copy 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.

| | OVERHEAD DOORS, INC. |
|------------------------|--|
| (Enter name of co | rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.") |
| "Inc.," "Co.," "Co | rp, mile, Co, or Corp.) |
| | |
| 770 | |
| (If name unavailat | ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| OHIO | 3 |
| (State or country u | nder the law of which it is incorporated) (FEI number, if applicable) |
| 10-09-200 | og 5. Perpetual |
| | of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 10/17/05 | |
| | (Date first transacted business in Florida, if prior to registration) |
| | (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 5800 Scot | It Hamilton Dr. Little Rock AR 72209 |
| | (Principal office address) |
| PO Box 89 | 915, Little Rock AR 72219-8915 |
| | (Current mailing address) |
| | · |
| Distribut | ion/Installation of products for sale at profit |
| | |
| | addrace of Florida registered agents (B.O. Pay, NOT acceptable) |
| Mama and atmost | |
| Name and street | address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name and street Name: | of corporation authorized in home state or country to be carried out in state of Florida) address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System |
| Name: | |
| Name: | 1200 South Pine Island Road |
| | |

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.

| ವ ೯೯ | ATTACHED | |
|-------------|--------------------------------|---|
| | (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 | |
|--|---------------|
| Christian President: A. B. Siemer | |
| Address: 150 E Campus View Blvd, Ste 250, Columbus OH 43235 | |
| | |
| WikeXChkinkan: Sec/Treas/CFO: Roger Bailey | |
| Address: 150 E Campus View Blvd., Ste 250, Columbus OH 43235 | |
| | |
| Director: | · |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| | |
| B. OFFICERS | |
| President: | |
| Address: | -, |
| | 7. 2 |
| Vice President: | 2005 C |
| Address: | SOCT -7 |
| | -7 SSB |
| | 1110 |

NOTE: If necessary, you may atlach an addendum to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)

14. Roger Bailey, Sec/Treas/CFO
(Typed or printed name and capacity of person signing application)

Address:

Treasurer:

Address:

ACCEPTANCE OF APPOINTMENT

RE: Rescom Overhead Doors, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: October 5, 2005

CT CORPORATION SYSTEM

Jonathan L. Miles,

Assistant Secretary

2005 DCT -7 AM 9: 44
SECRETARY OF STATE,

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show RESCOM OVERHEAD DOORS, INC., an Ohio corporation, Charter No. 1416113, having its principal location in Columbus, County of Franklin, was incorporated on October 09, 2003 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of October, A.D. 2005

Ohio Secretary of State

Validation Number: V200527809A2C4