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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

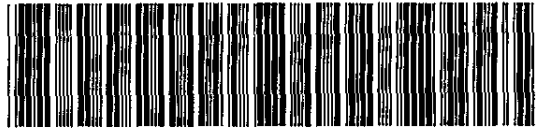
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FILED RECEIVED
06 MAR -1 PM 12:37
06 MAR -1 PM 3:51
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

CT CORPORATION

March 1, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6352157 WO
Customer Reference 1: Qualification
Customer Reference 2: Gaylor, Inc.

Dear Department of State, Florida:

Please obtain the following:

Gaylor, Inc. (IN)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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.

FILED
06 MAR - 1 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Gaylor, 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)

2. Indiana 3. 20-3727689
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/03/2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 02/13/2006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11711 North College Avenue, Suite 150, Carmel, IN 46032
(Principal office address)
same
(Current mailing address)

8. Electrical Contractor
(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)

Name: C T Corporation System

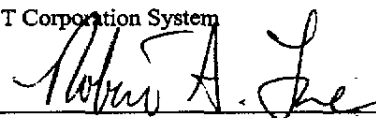
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: 
(Registered agent's signature)

Robert S. Lane
Assistant Secretary

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: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: John C Gaylor

Address: 11711 North College Avenue, Suite 150

Carmel, IN 46032

Vice President: Roger WHITE

Address: 11711 North College Avenue, Suite 150

Carmel, IN 46032

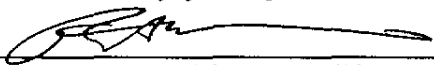
Secretary: Teresa Selbo

Address: 11711 North College Avenue, Suite 150 Carmel, IN 46032

Treasurer: Peter Kelley

Address: 11711 North College Avenue, Suite 150 Carmel, IN 46032

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. Peter Kelley, Treasurer _____
(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

-
1. Full Name: John C Gaylor
Officer/Director: Officer, Director
Officer's Title: President
Business Address: 11711 North College Avenue, Suite 150
City: Carmel
State: IN
ZIP Code: 46032

 2. Full Name: Roger White
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 11711 North College Avenue, Suite 150
City: Carmel
State: IN
ZIP Code: 46032

 3. Full Name: Teresa Selbo
Officer/Director: Officer
Officer's Title: Secretary
Business Address: 11711 North College Avenue, Suite 150
City: Carmel
State: IN
ZIP Code: 46032

 4. Full Name: Peter Kelley
Officer/Director: Officer
Officer's Title: Treasurer
Business Address: 11711 North College Avenue, Suite 150
City: Carmel
State: IN
ZIP Code: 46032

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

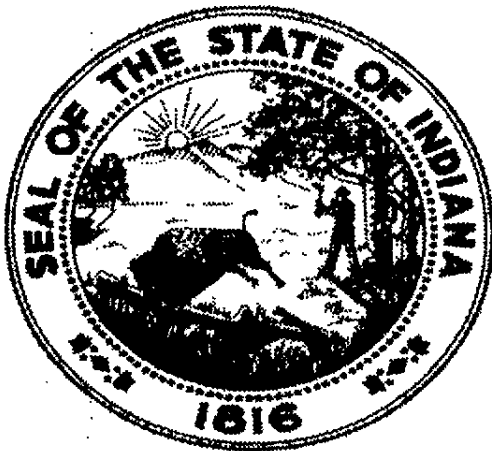
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GAYLOR, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 03, 2005, and was in existence or authorized to transact business in the State of Indiana on February 10, 2006.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Tenth Day of February, 2006.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State