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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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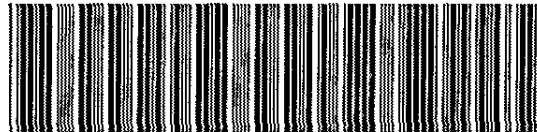
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. McKnight OCT 04 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GUARANTEED Systems, Incorporated
(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:

BUSINESS SUPPORT, INC.
417 STOWE AVE, SUITE A
ORANGE PARK, FL 32073

For further information concerning this matter, please call:

Michelle Sweat or Deanna Young @ (904) 264-1289

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of 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.

1. GUARANTEED Systems, INCORPORATED
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. GUARANTEED Roofing Systems
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. NORTH CAROLINA 3. 56-1354679
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-20-1983 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 191 GSI DRIVE, Stoneville, NC 27048
(Principal office address)
P.O. Box 385, Stoneville, NC 27048
(Current mailing address)
8. Any and all lawful business
(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: BUSINESS SUPPORT, INC - Lisa B. Cogan
Office Address: 417 Stowe Ave, Suite A
ORANGE PARK, Florida 32073
(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.


(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.

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RECEIVED
FLORIDA SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Judy R White
Address: P.O. Box 385
Stoneville, NC 27048

Vice Chairman: _____
Address: _____

Director: LARRY E White
Address: P.O. Box 385
Stoneville, NC 27048

Director: _____
Address: _____

B. OFFICERS

President: Judy R. White
Address: P.O. Box 385
Stoneville, NC 27048

Vice President: _____
Address: _____

Secretary: LARRY E White
Address: P.O. Box 385, Stoneville, NC 27048

Treasurer: LARRY E White
Address: P.O. Box 385, Stoneville, NC 27048

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

13. Judy R White
(Signature of Director or Officer listed in number 12 of the application)

14. Judy R. White, President
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

GUARANTEED SYSTEMS, INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of January, 1983, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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FILED
CLERK
OF THE
SECRETARY OF STATE



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of September, 2006

Elaine F. Marshall

Secretary of State