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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

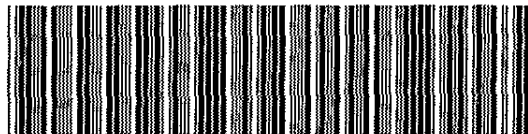
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Carol Sprinkle
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AUTHORIZATION BY PHONE TO
CORRECT *but address for Mr. Rask*
DATE *2/8/07*
DOC. EXAM *MRB*

same as Corp.

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TALLAHASSEE, FLORIDA

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2/8

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Complete Flooring Installation, Incorporated
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Janell M. Sprinkle

(Name of Person)

Barrett & McNagny LLP

(Firm/Company)

215 East Berry Street

(Address)

Fort Wayne, IN 46802

(City/State and Zip Code)

For further information concerning this matter, please call:

Janell Sprinkle

(Name of Person)

at (260) 423-8855

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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. Complete Flooring Installation, Incorporated

(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

(State or country under the law of which it is incorporated)

3. 35-2132801

(FEI number, if applicable)

4. March 2, 2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

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

7. 1717 Patterson Street, Decatur, IN 46733

(Principal office address)

1717 Patterson Street, Decatur, IN 46733

(Current mailing address)

8. Commercial Flooring

(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)

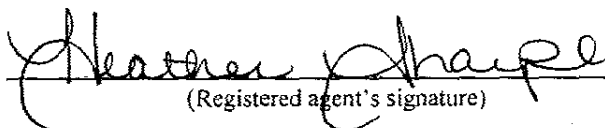
Name: **Heather Sharpe**

Office Address: **11231 US Hwy 1, Ste 43**
North Palm Beach, Florida **33408**
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: Linda E. Sharpe

Address: 1234 Woodridge Dr.
Decatur, IN 46733

Vice Chairman: None

Address: _____

Director: Marilyn Rash

Address: 1717 Patterson Street
Decatur, IN 46733

Director: N/A

Address: _____

B. OFFICERS

President: Linda E. Sharpe

Address: 1234 Woodridge Dr.
Decatur, IN 46733

Vice President: None

Address: _____

Secretary: Marilyn Rash

Address: 1717 Patterson Street Decatur, IN 46733

Treasurer: None

Address: _____

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

13. Linda E. Sharpe
(Signature of Director or Officer listed in number 12 of the application)

14. Linda E. Sharpe, President
(Typed or printed name and capacity of person signing application)

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

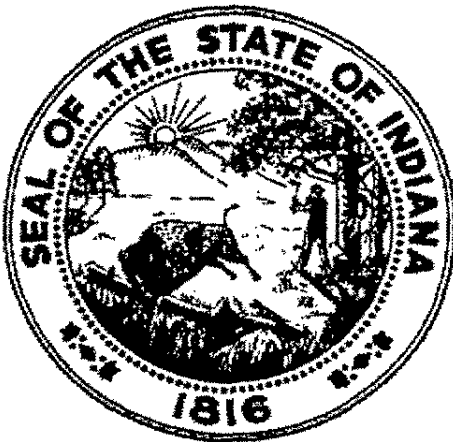
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

COMPLETE FLOORING INSTALLATION, INCORPORATED

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 02, 2001, and was in existence or authorized to transact business in the State of Indiana on January 31, 2007.

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 Thirty-First Day of January, 2007.

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

TODD ROKITA, Secretary of State

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