

F07000001150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

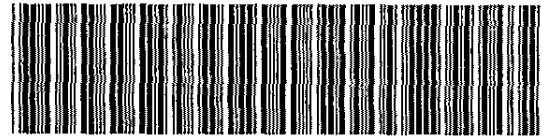
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/07--01012--001 **70.00

2007 FEB 28 AM 8:45

SECRETARY OF STATE
TOLLAHASSSEE, FLORIDA

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1007-8993

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SJS Specialty Contractors, 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:

Jennifer Storti
(Name of Person)

SJS Specialty Contractor, Inc.
(Firm/Company)

P.O. Box 432
(Address)

Montgomeryville, PA 18936-0432
(City/State and Zip code)

For further information concerning this matter, please call:

John Storti at (215) 362-2003
(Name of Person) (Area Code & Daytime Telephone Number)

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



VIA FED-EX

February 27, 2007

Tammy Hampton
Document Specialist
FLORIDA DEPARTMENT OF STATE
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref. Number: W07000008993

Dear Ms. Hampton:

Please accept this enclosed document application as a correction to the original document that was submitted per your letter dated February 21, 2007.

1. The name listed in number one of the application is now identical to the name listed in the certificate of existence (SJS Specialty Contractors, Inc.)
2. I have signed the document as President of the company.

If there are any questions, please call our office at 215-362-2003.

Sincerely,

A handwritten signature in black ink, appearing to read "John Storti", is written over the typed name.

John Storti
President

PO BOX 432
Montgomeryville, PA 18936-0432
Tel: 215.362.2003
Fax: 215.362.2004



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2007

JENNIFER STORI
SJS SPECIALTY CONTRACTOR, INC
P O BOX 432
MONTGOMERYVILLE, PA 18936-0432

SUBJECT: SIDING PAINTERS, INC.
Ref. Number: W07000008993

We have received your document for SIDING PAINTERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 207A00012855

07 FEB 28 PM 11

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.

2-27-07

1. ~~Siding Painters, Inc.~~ SJS Specialty Contractors, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Sea Shore Coatings, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-3080610
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/11/2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 104 Woodlea Terrace, Lansdale, PA 19446
(Principal office address)
PO Box 432, Montgomeryville, PA 18936-0432
(Current mailing address)

8. Painting 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: Marie Manzolini

Office Address: 421 Mark Drive

Lady Lake, Florida 32159
(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.

Marie C. Manzolini
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John Storti

Address: 104 Woodlea Terrace
Lansdale, PA 19446

Vice President: _____

Address: _____

Secretary: _____

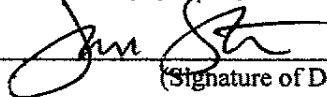
Address: _____

Treasurer: _____

Address: _____

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. John Storti, President
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 5, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SJS SPECIALTY CONTRACTORS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortis

Secretary of the Commonwealth