

### Florida Department of State

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### FOREIGN PROFIT/NONPROFIT CORPORATION

Luwa USA, Inc.

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CI CORP

FILED 07 MAY 24 PM 1: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

### 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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"hte.," "Co.," "Corp.	ocation; must include "INCORPORÂTE ," "Itac," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unevailable	in Florida, enter alternate corporate nau	to adopted for the purpose of transacting business in Florida)
North Caralina		3 56-2095002
(State or country und	ler the law of which it is incorporated)	(FEI number, if applicable)
07/08/1998		Perpetual
(Date of	incorporation)	(Duration: Year corp. will cease to exist or "perpecual")
<u> </u>		
	(Date first transacted business (SRE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine parally liability)
3901 Westpoint Bive		
	(Principal office ac	ldress)
<del>ta</del> nte		
	(Current mailing ac	
	Contract manuals at	(Mole)
	Continue maining at	inois)
HVAC Mechanical (		per open
·	Contractor	country to be carried out in state of Florids)
(Purpose(s) of	Contractor  corporation authorized in home state or	country to be carried out in state of Florids)
(Purpose(s) of	Contractor	country to be carried out in state of Florids)
(Purpose(s) of Name and street ad Name:	Contractor  corporation authorized in home state or  ddress of Florida registered agent: (P	country to be carried out in state of Florids)
(Purpose(s) of Name and street ad	Contractor  corporation authorized in home state or  ideass of Florida registered agent: (P  C T Corporation System	Occupitation of Florida)  O. Box NOT acceptable)
(Purpose(s) of Name and street ad Name:	Contractor  corporation authorized in home state or lidness of Florida registered agent: (P  C T Corporation System  1200 South Pine Island Road	Occupity to be carried out in state of Florids)  O. Box NOT acceptable)
(Purpose(s) of Name and street ad Name:  ffice Address:  Registered agent sving been named a signated in this app rither agree to comm	Contractor  corporation authorized in home state or idense of Florida registered agent: (P  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  **a acceptance: Is registered agent and to accept service in registered agent and to accept the appoint to with the provisions of all statutes	Ountry to be carried out in state of Florida)  O. Box MOT acceptable) , Florida
(Purpose(s) of Name and street ad Name:  ffice Address:  Registered agent sving been named a signated in this app rither agree to comm	Contractor  corporation authorized in home state or corporation authorized in home state or defense of Florida registered agent: (P. C.T. Corporation System 1200 South Pine Island Road Plantation (City)  's acceptance: Is registered agent and to accept service in registered agent and to accept service in the provisions of all statutes in and accept the obligations of my p.	Ountry to be carried out in state of Florida)  O. Box MOT acceptable) , Florida
(Purpose(s) of Name and street ad Name:  ffice Address:  Registered agent sving been named a signated in this app	Contractor  corporation authorized in home state or idense of Florida registered agent: (P  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  **a acceptance: Is registered agent and to accept service in registered agent and to accept the appoint to with the provisions of all statutes	O. Box MOT acceptable)  O. Box MOT acceptable)
(Purpose(s) of Name and street ad Name:  Since Address:  Registered agent roing here named a signated in this app	Contractor  corporation authorized in home state or corporation authorized in home state or defense of Florida registered agent: (P. C.T. Corporation System 1200 South Pine Island Road Plantation (City)  's acceptance: Is registered agent and to accept service in registered agent and to accept service in the provisions of all statutes in and accept the obligations of my p.	O. Box NOT acceptable)  O. Box NOT acceptable) , Florida

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under the law of which it is incorporated.

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	ECTORS	
	Timothy J. Whiteger 3901 Westpoint Byld, Suite 100	·····
-	Winston Salem, NC 27103	
Vice Chai	rounce: Hugh O. McPherson	<del></del>
	3901 Westpoint Byld, Strite 100	
_	Winston Salem, NC 27103	
Director:		
Address:		
-		<del></del>
Director:		
Address: _		
B. OFFI	CERS	
President:		
Address:		
-		
	fame: Steve Druper 3901 Westpoint Blvd., Suite 100	
_	Winston Salena, NC 27103	<del></del>
- Socretary:	James P. Hutcherson	
• •	9901 Wortpoint Blvd., Suite 100 Winston Salem, NC 27103	
Freemunts .	Lisa Cunningham	
Address: 3	9901 Westpoint Blvd., Suite 100 Winston Salom, NC 27103	
	(Signature of Director or Officer listed in number 12 of the application)	directors.
4. 500100	(Typed or printed name and canadity of person signing amplication)	

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# NORTH CAROLINA Department of The Secretary of State HASSEE, FLORIDA

07 MAY 24 PH 1:36

#### CERTIFICATE OF EXISTENCE

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

#### LUWA USA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 8th day of July, 1998, 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.



Certification# 86782216-1 Reference# 8682157- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of May,

Glaine S. Marshall

Secretary of State