## F07000004080

(Req	juestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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		<u>:</u>			

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SECRETARY OF STATE

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D. WHITE AUG 1 3 2007



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2007

KYLE KUCZYNSKI BUILDER SPECIALTIES, INC. 6582 PEACHTREE INDUSTRIAL BLVD NORCROSS, GA 30082

SUBJECT: BUILDER SPECIALTIES, INC.

Ref. Number: W07000038148

We have received your document for BUILDER SPECIALTIES, 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6933.

Dale White Document Specialist

Letter Number: 807A00048284

#### **COVER LETTER**

TO:	New Filing Se Division of Co			
SUBJ	ECT:	BUILDER SP.	ECIALTIES, /NO ation - must include suffix)	
		(Name of corpora	ation - must include suffix)	
Dear S	Sir or Madam:			
"Certi		ation by Foreign Corporation (ce," and check are submitted (orida.		
Please	return all corres	spondence concerning this ma	tter to the following:	
K	YLE KUC	ZYNSKI		
	7 - 7 - 10 -	(Name	e of Person)	
B	ULNER S	PECIALTIES INC	. •	
	11-1-10-1	(Firm/	Company)	
6	582 PE	PECIALT IES, INC. (Firm/ACHTREE /WIDUST (A. 30082 (City/Sta	RIAL BLVD.	
	- •	(A	ddress)	
	VOR CROSS	, GA 30082		
		(City/Sta	ite and Zip code)	
		n concerning this matter, pleas		
	YLE Kuc	<u>CZYNSKI</u> at ( <u>77</u> son) (Arc	0 , 255- 140	79
	(Name of Per	son) (Are	ea Code & Daytime Teleph	none 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		
Enclos	sed is a check fo	r the following amount:		
<b>V</b> \$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 TRANSACT BUSINESS IN THE STATE OF FLORIDA

REGISTER A FO	PREIGN CORPORATION TO TRANSA	ACT B	USINESS IN THE STATE OF FLORIDA.
1.	BUILDER SPECIALT	TIES	USINESS IN THE STATE OF FLORIDA.  "COMPANY" "CORPORATION" FURET.
"Inc.," "Co.," "C	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")  SIARD, INC.	TED,"	USINESS IN THE STATE OF FLORIDA.  "COMPANY," "CORPORATION," ECRETARY OF STATE OF STA
(If name unavai	lable in Florida, enter alternate corporate	name a	dopted for the purpose of transacting business in Florida)
_			
2. State or country	under the law of which it is incorporated	3 l)	20-3904705 (FEI number, if applicable)
(Dat	e of incorporation)	_ 3.	Perpetua   (Duration: Year corp. will cease to exist or "perpetual")
6.			
7 <u>6582</u> Sam	PEACH TREE /NDUSTRIA (Principal office	e addr	LVD. NORCROSS, GA 30071
	(Current mailin	g addr	ess)
8. Purpose	ARTMENT REPLACEMENTS) of corporation authorized in home state	/7 / or cou	BUILDER ASTRIBUTOR untry to be carried out in state of Florida)
9. Name and stre	et address of Florida registered agent:	(P.O.	Box NOT acceptable)
§ Name:	DAVID HAUN		<del></del>
Office Address:	1600 NW 159 STA	REE7	<u> </u>
	MIAML (City)		, Florida 33/69 (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.

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

. . . . .

### FILED A. DIRECTORS Chairman: 7001 AUS 13 ₱ 1:53 Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: \_\_\_ Address: \_\_\_ Address: **B. OFFICERS** Address: \_\_\_\_\_325 HORIZON DRIVE SUWANEE, GA 30024 Vice President: Address: \_\_\_ Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA AUG 13

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Control No.

0578650

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **BUILDER SPECIALTIES, INC.**

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 11/28/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of July, 2007

Karen C Handel Secretary of State

faun Claudel

Certification Number: 1554009-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp