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### **COVER LETTER**

TO:	New Filing S				
	Division of C	Corporations	(1)	$\wedge$	1 1
SUBJ	ECT: W	ner Remodelina	a 4 Hame	Um Drovemen	Hs. Inc
	<del></del>	(Name of	corporation - m	ust include suffix	<b>(</b> )
Dear S	ir or Madam:				
"Certif		nce," and check are sut			act Business in Florida," enced foreign corporation to
Please	return all come	spondence concerning	this matter to th	e following:	
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For fur	ther informatio	n concerning this matt	er, pickse call:	1	
Onville H. Enris at 888, 358-5288					
(Name of Person) (Area Code & Daytime Telephone Number)					
	New Filing S Division of C Clifton Build	orporations ing ve Center Circle		MAILING . New Filing 5 Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27
Enclos	ed is a check f	or the following amoun	t:		
<b>\$70.</b>	00 Filing Fee	\$78.75 Filing Fe		75 Filing Fee & tified 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. <u>Vurner Kemodeling of Hime Improvements, Un</u> C
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
P. R. 4 H. D. Onc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. 0euraia 3
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
s. <u>09-04-07</u>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2900 NIN 49th Pourose #107 IT Landerdale 133313
(Principal office address)
(Current mailing address)
8. Home (Unprovements,
(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: Maile & Chris
Office Address: 2900 NW 43th Centre #107
2740
(Circles)
(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
Having over namea as registered agent and to accept service of process for the above stated corportuly, it in 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.
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hulle Inner
(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. DIRE	CTORS
Chairman:	
Address: _	
_	
Vice Chair	man:
Address: _	
_	
Director: _	NY
Address: _	To w
-	Rem -
Director: _	
Address: _	
-	
B. OFFI	CERS
President:	Mille H. Thous
Address: _	2900 NW 48th Cewace #10+
-	The authorities of 33313
Vice Presid	Sent: Mile th Chris #107
Address: _	100 NW 40th Jewace +10+
-	Til. Lundfordate H, 33313
Secretary:	While It (hm's
Address: _	2900 NW 48th Tenace \$107 It Landerdale 133313
Treasurer:	wille thems
Address:	0900 NW 40th Tempre # 10+, 1-1. Landen Vale, 1 333/3
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director of Officer listed in number 12 of the application)
14	Mille Ennis Chaile H. Knis
	(Typed or printed name and capacity of person signing application)

Control No. 0552465

## STATE OF GEORGIA

## Secretary of State

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

# 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

### TURNER REMODELING & HOME IMPROVEMENTS, INC

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 07/27/2005 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 27th day of August, 2007

Karen C Handel Secretary of State

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Certification Number: 1605748-1 Reference:

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