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PICK-UP WAIT MAIL
(Business Entity Name)
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SECUELARY OF STATE

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COVER LETTER

TO:		iling Section of Cor						
SURI	ECT:	Baillie Re	modeling Inc.					
0000	DOI.			e of corpora	tion	- must include suffix		
Dear S	Sir or Ma	adam:						
"Certi	ficate of	Existence		te of Good S	Stanc	Authorization to Transac ling" and check are sub- s in Florida.		
Please	return a	ıll corresp	ondence concer	ning this ma	atter	to the following:		
Bill Ba	aillie							
				Name	of F	Person		
Baillie	Remod	eling Inc.						
				Firm/C	Comp	pany		
5133	Mayview	Rd.						
				Α	ddre	SS		
Minne	tonka, N	MN 55345						
·			· · · · · · · · · · · · · · · · · · ·	City/Sta	te an	ıd Zip code		
bbailli	e@pro-r	s.net						
			E-mail addre	ss: (to be us	ed fo	or future annual report n	otification)	
For fu	rther inf	ormation	concerning this	matter, plea	se ca	all:		
Bill Ba	illie			at (612		849-3894		
	Name	of Persor	1		rea C	Code & Daytime Telepho	one 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		
			the following an					
12 \$70	0.00 Fili	ng Fee	S78.75 Fili Certificate			\$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.

 Baillie Remod 	deling Inc.			
(Enter name of c	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	AES.
				36.0F
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in	Florida)
Minnesota, L	JSA	3.	41-2004694	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
1/17/2002		5.	Perpetual	
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "per	petual")
·				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
E400 M	•		• • •	
<u> 5133 Mayv</u>	riew Rd. Minnetonka, MN 55 (Principal office a			
5122 May 8	•		•	
DIODINIAN		77	340	
<u> </u>	view Rd. Minnetonka, MN		racn)	
<u> </u>	(Current mailing		ress)	
	(Current mailing a	add	•	ence.
Previous cl	(Current mailing a	add S t €	ed that I remodel his Florida resid	ence.
Previous cl	(Current mailing a lient in Minnesota has reques s) of corporation authorized in home state or	ste	ed that I remodel his Florida residently to be carried out in state of Florida)	ence.
Previous cl (Purpose(s	(Current mailing a lient in Minnesota has requests) of corporation authorized in home state of the address of Florida registered agent: (1)	ste	ed that I remodel his Florida residently to be carried out in state of Florida)	ence.
Previous cl	(Current mailing a lient in Minnesota has reques s) of corporation authorized in home state or	ste	ed that I remodel his Florida residently to be carried out in state of Florida)	ence.
Previous cl (Purpose(s)). Name and street	(Current mailing a lient in Minnesota has requests) of corporation authorized in home state of the address of Florida registered agent: (1)	ste	ed that I remodel his Florida residently to be carried out in state of Florida)	ence.
Previous cl (Purpose(s	(Current mailing a lient in Minnesota has requests) of corporation authorized in home state of the address of Florida registered agent: (In William M. Baillie	ste	ed that I remodel his Florida residently to be carried out in state of Florida)	ence.

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.

A. DIRECTORS Chairman: None Vice Chairman: None Director: None Address: _ Director: None Address: **B. OFFICERS** President: William M. Baillie Address: 5133 Mayview Rd. Minnetonka, MN 55345 Vice President: Patricia M. Baillie Address: 5133 Mayriew Kl. Minnetonka, MN 55345 Secretary: None Treasurer: None 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) 14. William M. Baillie President

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

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

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Baillie Remodeling Inc.

Date Formed: 01/17/2002

Chapter Governed By: 302A

This certificate has been issued on 09/28/10.

MILLANSSER TORDA



Mark Ritchie Secretary of State.