## Division of Corporations

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## 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.

.}

"Inc.," "Co.," "(	corporation; must include "INCORPORAT Dorp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
	, ,		
//F	(A.)		
	iaoie in Piorida, enter alternate corporate na	ums adopted for the purpose of transacting busines	is in Plorids)
Delaware	•	3. 27-0709538	
•.	under the law of which it is incorporated)	(FEI number, if applicable)	
8/6/2009		5. Perpetual	·
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or	'perpetual")
·			
		as in Florida, if prior to registration) 7.1502, F.S., to determine panalty (lability)	
21001 Van Bom	Rd, Taylor, MI 48180		
	(Principal office	addresa)	
21001 Van Born	Rd, Taylor, Ml 48180		
<del></del>	(Current mailing	address)	<del></del>
To provide supp	ort services to companies angaged in the m	anufacture, sale and installation of home building	products.
To provide supp (Purpose)	ort services to companies angaged in the m s) of corporation authorized in home state of	anufacture, sale and installation of home building or country to be carried out in state of Florida)	products.
(Purpose(	ort services to companies engaged in the m s) of corporation authorized in home state of at address of Florida registered agent: (	or country to be carried out in state of Florida)	ALL SEC
(Purpose)	s) of corporation authorized in home state of at address of Florida registered agent: (	or country to be carried out in state of Florida)	ALL SEC
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(Purpose) Name and stree Name:	s) of corporation authorized in home state of et address of Florida registered agent: ( CT Corporation System	or country to be carried out in state of Florida)	TALLAHASSEE
(Purpose)  Name and <u>stre</u> Name:	s) of corporation authorized in home state of address of Florida registered agent: ( C.T. Corporation System  1200 South Pine Island Road	r country to be carried out in state of Florida)  (P.O. Box NOT acceptable)	TALLAHASSEE
(Purpose() Name and stree Name: office Address:	s) of corporation authorized in home state of standards of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road  Plantation  (City)	r country to be carried out in state of Florida)  (P.O. Box <u>NOT</u> acceptable)	SECRETARY OF STATE TALLAHASSEE, FLORID
(Purpose)  Name and stree  Name:  office Address:	s) of corporation authorized in home state of standards of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance:	P.O. Box NOT acceptable)  [P.O. Box NOT acceptable] , Plorida 33324  (Zip code)	SECRETARY OF STATE ALLAHASSEE FLORIDA
(Purpose)  Name and stree  Name:  ffice Address:  D. Registered active been names algumented in this	s) of corporation authorized in home state of standards of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept see application, I hereby accept the appoint	Process for the above stated corporalisment as registered agent and agree to act in	SECRETARY OF STATE at the plant at this capacity
(Purpose) Name and stree Name: office Address:  D. Registered as a ving been names ignated in this orther agree to contact the contact of the	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept see application, I hereby accept the appoil omply with the provisions of all statute	P.O. Box NOT acceptable)  [P.O. Box NOT acceptable] , Plorida 33324  (Zip code)  ervice of process for the above stated corporal interest as registered agent and agree to act it as relative to the proper and complete perform	SECRETARY OF STATE at the plant at this capacity
(Purpose) Name and stree Name: office Address:  D. Registered address names ignated in this arther agree to contact the street of the street o	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: application, I hereby accept the appointments of all statute with and accept the obligations of my	Procuntry to be carried out in state of Florida)  (P.O. Box NOT acceptable)	SECRETARY OF STATE at the plant at this capacity
(Purpose) Name and stree Name: office Address:  D. Registered address names ignated in this arther agree to contact the street of the street o	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept see application, I hereby accept the appoil omply with the provisions of all statute	P.O. Box NOT acceptable)  [P.O. Box NOT acceptable] , Morida 33324  [Zip code]  process for the above stated corporalistment as registered agent and agree to act it is relative to the proper and complete perform position as registered agent.  Kristine Heiberger	SECRETARY OF STATE at the plant at this capacity
(Purpose) Name and stree Name: ffice Address:  D. Registered activing been names ignated in this arther agree to comments.	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: and as registered agent and to accept see application, I hereby accept the appointment of the provisions of all statutes with and accept the obligations of my  OT Corporation System	Procuntry to be carried out in state of Florida)  (P.O. Box NOT acceptable)	TALLAHASSEE, FLORIDA the plant to the capacity of the capacity

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. DIRECTORS Chairman: Address: . Vice Chairman: Terry Glogowski Address: 21001 Van Born Rd, Taylor, MI 48180 Sandra L. Olczak Director: 21001 Van Born Rd, Taylor, MI 48180 Address: Director: Suzanno Foucher 21001 Van Born Rd, Taylor, MI 48180 B. OFFICERS President: Terry Glogowski Address: 21001 Van Born Rd, Taylor, MI 48180 Vice President; \_\_\_ Address: \_ Secretary: & Vice President - Sandra L. Olczak Address: 21001 Van Born Rd, Taylor, Mi 48180 Treasurer: & Vice President - Suzanne Poucher Address: 2100! Van Born Rd, Taylor, MI 48180 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Terry Glogowski - President

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

## Delaware

PAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MY SERVICE CENTER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE TALLAHASSEE FROBILS

4717450 8300

110010045

You may verify this certificate online at corp. delawars. gov/authvar. shtml

Jeffrey W. Rollock, Secretary of State

AUTHENTACATION: 8471184

DATE: 01-04-11