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COVER LETTER

TO:	New Filing Sec Division of Cor				
~		orm Incorporat	·od		
SUBJI	ECT: vaint		oration - must	include suffix	
		rame or corp	Joranon - must	merade surrix	
Dear Si	ir or Madam:				
"Certifi	icate of Existence	ion by Foreign Corporate," or "Certificate of Gon corporation to transact	od Standing" ar	nd check are subm	
Please	return all corresp	ondence concerning this	s matter to the fo	ollowing:	
Kath	ıryn Susan	Eaton			
			ame of Person		
Vari	iform Inco	rporated			
		· ·	rm/Company		
680	NE 8th S	treet			
			Address		
Pom	pano Bead	ch, FL 33060			
-			/State and Zip c	ode	
susa	n@womend	onguard.com			
		E-mail address: (to b	e used for futur	e annual report no	otification)
For fur	ther information	concerning this matter,	please call:		
Kath	ryn Susan	Eaton at (9	954) 532	2-0602	
	Name of Person			Daytime Telepho	ne Number
	STREET/COU New Filing Sect Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		MAILING AD New Filing Sec Division of Con P.O. Box 6327 Tallahassee, FL	tion porations
Enclose	ed is a check for	the following amount:			
□ \$7	70.00 Filing Fee	\$78.75 Filing Fee of Certificate of State	& S78.75	Filing Fee & led 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 Variform Incorporated (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business at Blorida) North Carolina
(State or country under the law of which it is incorporated)

3. 84-1712766
(FEI number, if applicable) North Carolina Does 25. Perpetua (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 680 NE 8th Street, Pompano Beach, FL 33060 (Principal office address) 680 NE 8th Street, Pompano Beach, FL 33060 (Current mailing address) 8. Business moved from NC to FL Incorporated in NC (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) Kathryn Susan Eaton Name: 680 NE 8th Street Office Address: Pompano Beach , Florida 33060 (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 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. Karlyn busm Eaton

^{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: Kathryn Susan Eaton Address: 680 NE 8th Street Pompano Beach, FL 33060 Vice Chairman: Martha Z Martinez Address: 680 NE 8th Street Pompano Beach, FL 33060 Director: Address: Address: B. OFFICERS President: Kathryn Susan Eaton Address: 680 NE 8th Street Pompano Beach, FL 33060 Vice President: Martha Z Martinez Address: 680 NE 8th Street Pompano Beach, FL 33060 Secretary: _ Treasurer: ___ 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. Kathryn Susan Eaton President / Co-owner



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, docertify that

VARIFORM INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of June, 2006, 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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of February, 2011.

Elaine J. Marshall

Secretary of State