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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 18 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INDUSTRIAL LADDER & SUPPLY CO.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William A FULLER

Name of Person

INDUSTRIAL LADDER & SUPPLY CO.

Firm/Company

4707 ENTERPRISE AVE #5

Address

NAPLES FL 34104

City/State and Zip code

bill@industrialadder.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL FULLER

Name of Person

at (630) 309-3049

Area Code & Daytime Telephone 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

Enclosed is a check for the following amount:



\$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

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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.

1. INDUSTRIAL LADDER & SUPPLY CO.
(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 in Florida)

2. ILLINOIS 3. 36-2829930
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/6/1975 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ~~4707 ENTERPRISE DR UNIT 5 NAPLES~~
(Principal office address)
245 E Adele Ct Villa Park, IL 60181
SAME (Current mailing address)

8. DISTRIBUTION OF LADDERS AND RELATED SUPPLIES
(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: William A. Fuller

Office Address: 4707 ENTERPRISE AVE
NAPLES, Florida 34104
(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.


(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.

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

A. DIRECTORS

Chairman: WILLIAM A FULLER

Address: 4707 ENTERPRISE AVE #5
NAPLES FL 34104

Vice Chairman: _____

Address: _____

Director: ROBERT G FULLER

Address: 245 E Adele Ct
VILLA PARK IL 60181

Director: _____

Address: _____

B. OFFICERS

President: WILLIAM A FULLER

Address: 4707 ENTERPRISE AVE #5
NAPLES FL 34105

Vice President: ROBERT G FULLER

Address: 245 E Adele Ct
VILLA PARK IL 60181

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. WAF

Signature of Director or Officer

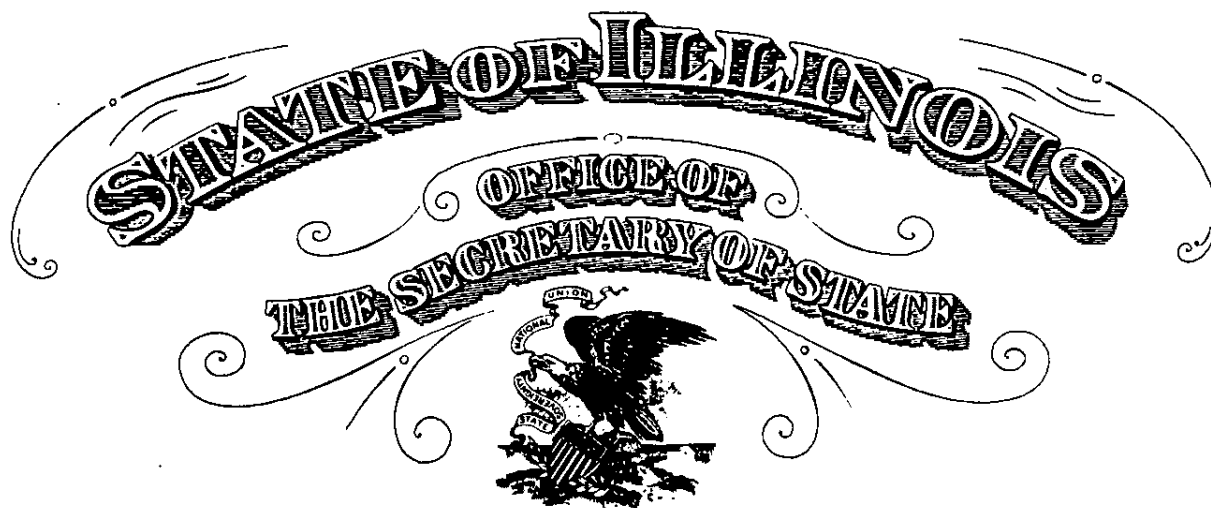
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. WILLIAM A FULLER PRESIDENT

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

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TALLAHASSEE, FLORIDA

File Number 5065-528-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

INDUSTRIAL LADDER & SUPPLY CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 06, 1975, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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JESSE WHITE
TALLAHASSEE, FLORIDA

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In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of APRIL A.D. 2011

Jesse White

Authentication #: 1110100306

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE