

F11000001929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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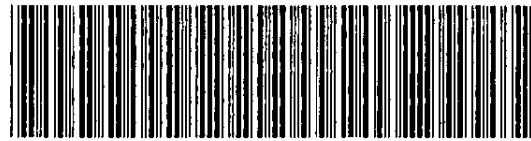
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE FINANCE
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Serving the Legal Community for Over 100 Years . . . Registered Agents in Every State

JAMES A. CURRAN
E-MAIL DIRECT: jim@cgtco.com
JOSEPH J. COLLOPY
E-MAIL DIRECT: joe@cgtco.com
TERESA MAGEE
E-MAIL DIRECT: terry@cgtco.com

Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110
3331 STREET ROAD, BENSALEM, PA 19020
TELEPHONES: (800) 563-6131 • (215) 633-8144
FAX (215) 633-8160
E-MAIL: info@cgtco.com

April 28, 2011

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

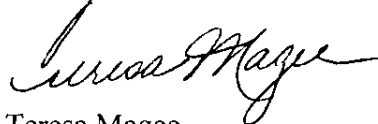
RE: TB PHILLY, INC.

To Whom It May Concern:

Enclosed is duplicate Application for Authority of the above company for filing with your office, together with Certificate of Good Standing and our \$78.75 check to cover filing fee and certified copy.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,



Teresa Magee
Secretary

TM/t
Enclosures

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DIVISION OF CORPORATIONS
MAY 5 2011

**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. TB PHILLY, INC.

(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. Pennsylvania

(State or country under the law of which it is incorporated)

3. 25-1757124

(FEI number, if applicable)

4. February 14, 1995

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon registration

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

7. 400 Thoms Drive, Suite 411, Phoenixville, PA 19460

(Principal office address)

(Current mailing address)

8. Wholesale distribution of construction goods

(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: Edwin F. Blanton

Office Address: 810 Thomasville Road

Tallahassee,

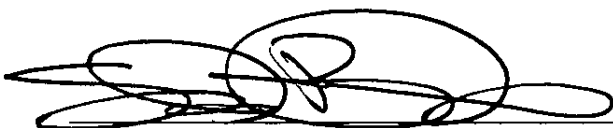
(City)

, Florida 32303

(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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SECTION OF
DIVISION OF

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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A. DIRECTORS

Chairman: Peter Reardon

Address: 400 Thoms Drive, Suite 411
Phoenixville, PA 19460

Vice Chairman: _____

Address: _____

Director: Anthony G. Bartle

Address: 400 Thoms Drive, Suite 411
Phoenixville, PA 19460

Director: Thomas Kirby

Address: 400 Thoms Drive, Suite 411
Phoenixville, PA 19460

B. OFFICERS

President: Peter Reardon

Address: 400 Thoms Drive, Suite 411
Phoenixville, PA 19460

Vice President: Anthony G. Bartle

Address: 400 Thoms Drive, Suite 411
Phoenixville, PA 19460

Secretary: Thomas Kirby

Address: 400 Thoms Drive, Suite 411, Phoenixville, PA 19460

Treasurer: _____

Address: _____

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

13. _____

Thomas M Kirby
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. _____

THOMAS M KIRBY - SECRETARY

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

APRIL 28, 2011

SECRETARY'S OFFICE
DIVISION OF CORPORATIONS
2011 MAY -5 PM 1:41

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TB PHILLY, INC.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth