# F130000397/

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
. •					

Office Use Only



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13 SEP 17 AM 8: 17
SECRETARY OF STATE
ALL AHASSEE FRANCE



September 12, 2013

SHERRY GARD 1700 N STATE ST CHANDLER, IN 47610

SUBJECT: QUALITY COATINGS, INC.

Ref. Number: W13000050460

We have received your document for QUALITY COATINGS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 213A00021466

### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Quality Coatings,	Inc.			
		- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to trans	Good Stan	iding" and check are sub-		
Please return all correspondence concerning t	his matter	to the following:		
Sherry Gard				
	Name of	Person		
Quality Coatings, Inc.				
	Firm/Com	pany		
1700 N. State Street				
	Addre	ess		
Chandler, IN 47610				
Ci	ty/State a	nd Zip code		
sherry.gard@qcipaint.com				
E-mail address: (to	be used f	or future annual report n	otification)	
For further information concerning this matte	r, please o	eall:		
Sherry Gard	812	, 925-3314		
Name of Person	· · · · · · · · · · · · · · · · · · ·	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 St		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	

#### 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.

(Enter name of co	coatings, Inc.  orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	,		_
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in F	lorida)	_
Indiana	3	35-1365896			
	under the law of which it is incorporated)	(FEI number, if applicable	)		_
3/1/1976	5	perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perp	etual")	-
01/01/20	13				
•	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			<b>-</b>
8716 lbis	Cove Circle				
*	(Principal office add	dress)	Zs.		_
Naples, Fl	L 34119		LL CR	ယ	
	(Current mailing ad	dress)		-0	
Employee	moved to Florida -he does ph	none and computer work from	SS R His His His His His His His His His His	nome	
(Purpose(s	) of corporation authorized in home state or c	country to be carried out in state of Florida)	FIST	 CO	_
. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	景高	_	
Name:	Troy Lewis		.•		
Office Address:	8716 Ibis Cove Circle	<del></del>		•	
	Naples	, Florida 34119			
	(City)	(Zip code)			

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.

<sup>11.</sup> 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 Vice Chairman: **B. OFFICERS** President: Gerald Lewis 1700 North State Street Chandler, IN 47610 Vice President: Donald Lewis Address: 1700 North State Street Chandler, IN 47610 Secretary: Paula Lewis 1700 North State Street, Chandler, IN 47610 Address: Treasurer: Tricia Lewis 1700 North State Street, Chandler, IN 47610 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.

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

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

FILED

13 SEP 17 AM 8: 17

SECRETARY OF STATE
TAIL AHASSEE, FLORIGE

To Whom These Presents Come, Greetings:

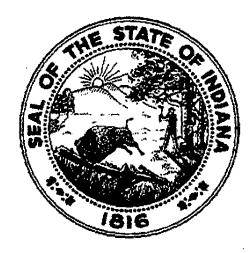
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### QUALITY COATINGS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 01, 1976, and was in existence or authorized to transact business in the State of Indiana on September 17, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of September, 2013.

Corrie Lawson

Connie Lawson, Secretary of State

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