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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

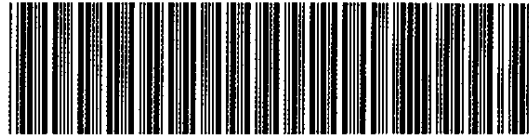
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 18 PM 1:18

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FLOOD SOLUTIONS, INC.

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:

MICHAEL CIARAMITARO

Name of Person

FLOOD SOLUTIONS, INC.

Firm/Company

51483 QUADRATE DRIVE, UNIT A

Address

MACOMB, MI 48042

City/State and Zip code

M_CIARAMITARO@COMCAST.NET

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

For further information concerning this matter, please call:

FRANK P. IANNUZZI at (248) 641-0005

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 Status \$78.75 Filing Fee & Certified 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.

1. FLOOD SOLUTIONS, 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. MICHIGAN

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

3. 26-0801204

(FEI number, if applicable)

4. 08/08/2007

(Date of incorporation)

5. PERPETUAL

(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. 51483 QUADRATE DRIVE, UNIT A, MACOMB, MI 48042

(Principal office address)

51483 QUADRATE DRIVE, UNIT A, MACOMB, MI 48042

(Current mailing address)

8. CARPET RESTORATION

(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: MICHAEL CIARAMITARO

Office Address: 9044 CHERRY OAKS TRAIL

NAPLES, Florida 34114

(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.

X Michael Ciaramitaro

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

NOV 18 PM 1:18

B. OFFICERS

President: MICHAEL CIARAMITARO

Address: 51483 QUADRATE DRIVE, UNIT A
MACOMB, MI 48042

Vice President: CRAIG GEATCHES

Address: 51483 QUADRATE DRIVE, UNIT A
MACOMB, MI 48042

Secretary: MICHAEL J. CIARAMITARO

Address: 51483 QUADRATE DRIVE, UNIT A, MACOMB, MI 48042

Treasurer: CHRISTOPHER CIARAMITARO

Address: 51483 QUADRATE DRIVE, UNIT A, MACOMB, MI 48042

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

13. *Michael Ciaramitaro*
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. MICHAEL CIARAMITARO, PRESIDENT

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

FLOOD SOLUTIONS, INC.
51483 QUADRATE DRIVE, UNIT A
MACOMB, MI 48042

December 4, 2013

To Whom It May Concern:

This letter is to inform you that Flood Solutions, Inc. is an active business in the State of Michigan as of December 4, 2013. Please find the attached Michigan Annual Report filed as of May 21, 2013, for your reference.

Please contact me or my accountants' at Iannuzzi, Manetta & Company, P.C., telephone number (248) 641-0005 for any additional documents or questions.

Thank you.

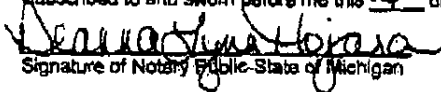
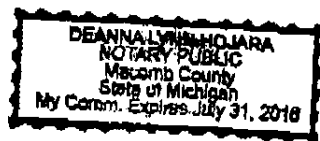


Michael Ciaramitaro

dh

3907

Subscribed to and sworn before me this 4th day of December 2013.


Signature of Notary Public - State of Michigan

CSS/CLCO-2500 (01/15)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
PROFIT CORPORATION INFORMATION UPDATE



2013

Due May 15, 2013

File Online at www.michigan.gov/fileonline

| | |
|--|---|
| Identification Number 01048F | Corporation name FLOOD SOLUTIONS, INC. |
| Resident agent name and mailing address of the registered office MICHAEL CIARAMITARO 51162 MILANO MACOMB MI 48042 | |
| | |
| The address of the registered office 51162 MILANO MACOMB MI 48042 | |
| For Bureau use only Fee Received <input type="checkbox"/> \$25 before May 16 <input type="checkbox"/> \$35 (May 16 - 31) <input type="checkbox"/> \$45 (June 1 - 30) <input type="checkbox"/> \$55 (July 1 - 31) <input type="checkbox"/> \$65 (Aug 1 - 31) <input type="checkbox"/> \$75 after August 31 | |



To certify there are no changes from your previous filing check this box and proceed to item 6. If the resident agent and/or registered office has changed complete items 1-6. If only officer and director information has changed complete items 4-6.

| | | |
|--|----------------------|-------------------------------|
| 1. Mailing address of registered office in Michigan (may be a P.O. Box) | 2. Resident Agent | |
| 3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office) | | |
| 4. Describe the general nature and kind of business in which the corporation is engaged: | | |
| 5. | | |
| | NAME | BUSINESS OR RESIDENCE ADDRESS |
| | President (Required) | |
| if different than President | Secretary (Required) | |
| | Treasurer (Required) | |
| | Vice - President | |
| if different than Officers | Director | |
| | Director | |
| | Director | |

| | | | |
|---|----------------|----------------|----------------------------------|
| 6. Signature of authorized officer or agent <i>Michael Ciaramitaro</i> | Title PRES. | Date 3-1-13 | Phone (Optional) 586-532-0732 |
|---|----------------|----------------|----------------------------------|

Filing fee \$25
Report due May 15, 2013.

If received after May 15, penalty fees will be assessed.

Please make your check or money order payable to the State of Michigan. Include payment with completed report in the same envelope.
Return to: Department of Licensing and Regulatory Affairs
Corporations, Securities, & Commercial Licensing Bureau
Corporation Division
P.O. Box 30481
Lansing, MI 48909
(517) 241-8470

OR File online at www.michigan.gov/fileonline