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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | <i>⇒</i> #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

W13-61908



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2014

KIM MARTIN *** 2ND MAILING ***
TVM BUILDING PRODUCTS, INC
169 JARI DRIVE
JOHNSTOWN, PA 15904

SUBJECT: TVM BUILDING PRODUCTS, INC.

Ref. Number: W13000061908

We have received your document for TVM BUILDING PRODUCTS, 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):

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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 the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 913A00025950

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: TVM Building Products, 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: |
| Kim Martin |
| Name of Person |
| TVM Building Products, Inc |
| Firm/Company |
| 169 Jari Drive |
| Johnstown, Pa 15904 |
| City/State and Zip code |
| kim.martin@tvmi.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Kim Martin814 \ 619-7069 |
| Kim Martin Name of Person at (814) 619-7069 Area Code & Daytime Telephone Number |
| |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Cloft 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 \$\mathbb{X}\$ \$78.75 Filing Fee & Certificate of Status Certificate of Status \$\mathbb{X}\$ \$78.75 Filing Fee & Certified Copy 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.

| | poration; must include "INCORPORATED, p," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION," | | | | |
|--|--|---|--|----------------|--|--|
| TW/ Build | ing Producis | | | | | |
| (If name unavailabl | e in Florida, enter alternate corporate name | adopted for the purpose of transacting busing | ness in Flor | rida) | | |
| _{2.} Illinois | Illinois 3. 36-4198942 | | | | | |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | | | | |
| November: 11,1997 5. Perpetual | | | | | | |
| (Date of | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | | | | | |
| 6. <u>Lpon Qu</u> | alification | | | | | |
| • | (Date first transacted business i | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | | | |
| ₋ 169 Jari Dr | ive, Johnstown, Pa 1590 | | | | | |
| 7. 100 0011 01 | . (Principal office add | | | | | |
| 169 Jari Dri | ive, Johnstown, Pa 15904 | | | , | | |
| | (Current mailing add | | | | | |
| \ | Distribution | | | | | |
| 0 | Distribution | (P) | 7 - | * | | |
| | | | 100 to 10 | | | |
| 9. Name and street | address of Florida registered agent: (P. | O. Box <u>NOT</u> acceptable) | Er ∵ | With State 1 | | |
| Name: | Frederic Stanley, Jr | | | | | |
| Office Address: | 260 Maitland Ave, Suite 1 | 500 | | | | |
| | Altamonte Springs | , Florida 32701 | Eio n | ડુ | | |
| | (City) | (Zip code) | 2. | | | |
| designated in this a further agree to coi | d as registered agent and to accept serv application, I hereby accept the appoint | vice of process for the above stated cor tment as registered agent and agree to relative to the proper and complete pe of my position as registered agent. | act in this | capacity. I | | |
| | | | | | | |
| | (Registered egent's | signature) | | | | |
| 11. Attached is a co | ertificate of existence duly authenticate | d, not more than 90 days prior to delive official having custody of corporate rec | ry of this a | application to | | |

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Micheal A Boulding Address: 1392 Lexington Ave Davenport, FL Vice Chairman: Micheal A Boulding 1392 Lexington Ave Davenport, FL Director: Micheal A Boulding Address: 1392 Lexington Ave Davenport, FL **B. OFFICERS** President: Micheal A Boulding Address: 1392 Lexington Ave Davenport, FL Vice President: Micheal A Boulding 1392 Lexington Ave. Davenport, FL Treasurer: Micheal A Boulding 1392 Lexington Ave. Davenport, FL 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

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. Micheal Boulding, President

File Number

5967-516-8



To all to whom these Presents Shall Come, Greeting:

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

TVM BUILDING PRODUCTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 21, 1997, 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.



Authentication #: 1405901564

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of

FEBRUARY

A.D.

In Testimony Whereof, I hereto set

2014

Desse White

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

SECRETARY OF STATE