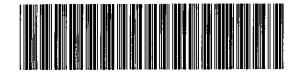
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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Buomoso Emily Marile)					
(Document Number)					
Certified Copies Certificates of Status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

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SECRETARY OF STATE

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1. SECRETARY OF STATE

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1. HARRIS



COVER LETTER

TO:	Registration Section Division of Corporations				
	Wilson Roofing, Inc				
SUBJ	JECT:				
	Nam	e of corporation	ı - must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign of ficate of Existence," or "Certificate referenced foreign corporation to	ite of Good Star	nding" and check are sub		
Please James	return all correspondence concer Davis	rning this matter	r to the following:		
United	CRS	Name of	Person	·	
327 He	ollow Creek Ln	Firm/Com	npany		
Havan	a, FL 32333	Addro	ess		
cc@ur	nitedcrs.com	City/State a	nd Zip code		
	E-mail addre	ess: (to be used	for future annual report	notification)	
For fu	rther information concerning this	matter, please	call:		
James Davis		850 at (322-7117		
	Name of Person	Area Cod		hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SSS:	Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	
Enclos	sed is a check for the following an	nount:			
= \$7	0.00 Filing Fee	ing Fee & c of Status	\$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. Wilson Roofing, Inc 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Wilson Roofing NC, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 27-1098994 North Carolina 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) Upon Registration (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 75 Francis Road, Hendersonville, NC 28792 (Principal office address) 75 Francis Road, Hendersonville, NC 28792 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United CRS Name: 327 Hollow Creek Ln Office Address: Havana , Florida (City)

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
B. OFFICERS Robert A. Wilson President: 1898 Walnut Cove Road	AS 10
Address: Hendersonville, NC 28739	CO CO CONTROL .
Robin Wilson Vice President:	79 7 11
1898 Walnut Cove Road Address:	9: 37 ORID
Hendersonville, NC 28739 Secretary:	***
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition 12.	al officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S. Robert A Wilson	

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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WILSON ROOFING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of October, 2009, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of March, 2016.

6 laine I. Marshall

Secretary of State