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| (R                      | equestor's Name)    |           |
|-------------------------|---------------------|-----------|
| (A                      | ddress)             |           |
| (A                      | ddress)             |           |
| (C                      | ity/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT              | MAIL      |
| (B                      | usiness Entity Nan  | ne)       |
| (D                      | ocument Number)     |           |
| Certified Copies        | Certificates        | of Status |
| Special Instructions to | Filing Officer:     |           |
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Office Use Only



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# **COVER LETTER**

| TO: Registration Division of                          | on Section  f Corporations  |  |  |
|---|---|--|--|
| SUBJECT:  | ARCHITECTURAL OPENINGS, INC   |  |  |
|   | Name of corporation - must include suffix   |  |  |
| Dear Sir or Madan                                     | n:  |  |  |
| "Certificate of Exi                                   | olication by Foreign Corporation for Authorization to Transact Business in Florida," stence," or "Certificate of Good Standing" and check are submitted to register the oreign corporation to transact business in Florida. |  |  |
| Please return all co                                  | prrespondence concerning this matter to the following:  |  |  |
|   | CLAIG STEWARY  Name of Person   |  |  |
|   |   |  |  |
|   | ARCHITECTURAL OPENINGS, INC. Firm/Company   |  |  |
| Firm/Company  |   |  |  |
|   | 6152 AUTUMW VIEW COVE NW Address  |  |  |
|   | Address   |  |  |
|   | ACWORTH GA 30101  City/State and Zip code   |  |  |
|   | City/State and Zip code   |  |  |
|   | astewart12@gmail.com  E-mail address: (to be used for future annual report notification)  |  |  |
|   | E-mail address: (to/be used for future annual report notification)  |  |  |
| For further inform                                    | ation concerning this matter, please call:  |  |  |
| CRAIG STO   | erson Area Code Daytime Telephone Number  |  |  |
| Name of I   | Person Area Code Daytime Telephone Number   |  |  |
|   |   |  |  |
| Registration<br>Division o<br>Clifton Bu<br>2661 Exec | f Corporations Division of Corporations   |  |  |
| Enclosed is a chec                                    | for the following amount:   |  |  |
| □ \$70.00 Filing F                                    | Certificate of Status Certified Copy Certificate of Status &  |  |  |
|   | CK#1317   |  |  |

# 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. ARCHIECTURAL OPENINGS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") RST WINDOWS AND OWRS (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Georgia 3. Gold 1722549

(State or country under the law of which it is incorporated) (FEI number, if applicable) 10/15/2013
5. Confined
(Date of incorporation)
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6182 AVIVAN VIEW COVE, ACWURTH, GA 30101 (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) RATMOND LEDFORD Name: 8320 75<sup>77+</sup> AVE

SEMINOLE, FL

(City)

(CA)

(Zip code) Office Address: 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.

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:   |  |      |
| Address:  |  |      |
|   |  |      |
| B. OFFICERS   | 16   |      |
| President: CAROL STEWART  |  |      |
| Address: 6152 AUTUMN VIEW COVE  | Banca<br>                                    |      |
| ACWORTH, GA 30101   |  | * 1. |
| Vice President: CRAIG STEWARY  Address: 6152 AVTVMN VIEW COVE   | 2: 0   |      |
| Address: 6152 AVTVMN VIEW COVE  | · · · · · · · · · · · · · · · · · · ·        |      |
| ACWORTH, GA 3010)   |  |      |
| Secretary:  |  |      |
| Address:  |  |      |
| Treasurer:  |  |      |
| Address:  |  |      |
| NOTE: If necessary, you may attach an addendum to the application 1   | isting additional officers and/or directors. |      |
| 12. Signature of Director or Of   |  |      |
| The officer or director signing this document (and who is listed in num are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S. |  |      |
| 13CRAIG STEWART   |  |      |
| (Typed or printed name and capacity of persor   | signing application)                         |      |

Control Number: 13456049

## STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower

2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### ARCHITECTURAL OPENINGS, INC.

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13109147 : 09/25/2013 : Georgia : 04/04/2016



Brian P. Kemp Secretary of State