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SECKLIANY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 7. C. Millwork . Name of corporation - n	Inc	
Name of corporation - n	nust include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business in	g" and check are sub	
Please return all correspondence concerning this matter to	the following:	
Debbie Fischer		
Debbie Fischer Name of Per	son	
Te. Millered To		
T.C. Millwork Ton		
Address Consalem, DA 190; City/State and 2 d. fischer E Tem E-mail address: (to be used for		
Address		
Bensalem PA 190:	20	
City/State and 2	Zip code	
d. fischer @ Tem	Mwork.	Con
E-mail address: (to be used for i	tuture annual report r	notification)
For further information concerning this matter, please call:		
7	_	
Name of Person Area Code	223-12 Daytime Telepl	3/
Area Code	Daytille Telepi	none rumber
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING All Registration S	ection
Clifton Building	Division of Co P.O. Box 6327	•
2661 Executive Center Circle Fallahassee, FL 32301	Tallahassee, F	L 32314
Enclosed is a check for the following amount:		
	78.75 Filing Fee & crtified 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

(If name upayail	able in Florida, enter alternate corporate	name adonte	d for the purpose of transacting but	siness in Florida	 a)
_					-,
(State or count	7.5 4 Luan (G ry under the law of which it is incorpora	3 ited)	(FEI number, if applica	ble)	_
4 03/	03/1993 of incorporation)	5.			
(Date	of incorporation)		(Date of duration, if other than	perpetual)	
6					
	(Date first transacted bus	siness in Florid	ia, if prior to registration)		
	(SEE SECTIONS 607.1501.8)				
. 2./	•	t 607.1502, F.	S., to determine penalty liability)	Op 190	00
7. <u>3433</u>	(SEE SECTIONS 607,1501 &	t 607.1502, F.	S., to determine penalty liability)	PA 190	20
7. 3433	•	t 607.1502, F.	S., to determine penalty liability)	PA 190	20
7. <u>7433</u>	Mushall lane, P.	t 607.1502, F.	S., to determine penalty liability)	PA 190	<u>2</u> 0
	Maishall lane, P. (Curren	t 607.1502, F.	S., to determine penalty liability) 26. Sensolem, accendencess) ress, if different)	PA 190	20 -
	Mushall lane, P.	t 607.1502, F.	S., to determine penalty liability) 26. Sensolem, accendencess) ress, if different)	PA 190	20 -
	(Current address of Florida registered agen	t 607.1502, F.	S., to determine penalty liability) P. G., Rensalem, acceptable) S., to determine penalty liability) P. G., Salem, acceptable)	Ā.	
8. Name and <u>stre</u>	(Current address of Florida registered agen	t 607.1502, F.	S., to determine penalty liability) P. G., Rensalem, acceptable) S., to determine penalty liability) P. G., Salem, acceptable)	Ā.	16 AUG
8. Name and streen Name:	(Current et address of Florida registered agen	t mailing additions: (P.O. Box	S., to determine penalty liability) Rah, Rah, a lema, a ce address) ress, if different) NOT acceptable)	FALLAH	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the lace 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.

Whichele Hoben Assistant Secretary of NRAI Services Inc.
(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 Vice Chairman: ______ Address: _____ Address: Director: Address: ___ **B. OFFICERS** President: Propis Kubach Address: 3020 Glenn Ave Bensalemila 19020 Vice President: Arthur Kubaeh Address: 24 Sunflower Cia. Lumberton, N.J 08060 Secretary: Arthur Kubach Address: 24 Sunt lower Cir, Lumberton, NJ 08060 Address: ____ 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 11 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.

13. Depais Kubach President

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/16/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

T.C. MILLWORK, INC. .

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160816070034-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx