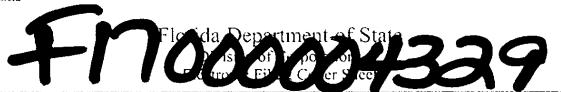
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		₽
• • •	Division of Corporations	<del></del>
	Fax Number : (350)617-6383	
From:		۔ حن مرک
	Account Name : C T CORPORATION SYSTEM	∞ رس
	Account Number : FCA000000023	•
	Phone : (512)418-6949	(77) #r
	Fax Number : (954)208-0845	
		<u> 20</u>
**Enter t	he email address for this business entity to be used for	füture
	al report mailings. Enter only one email address please.	7 223 .

## FOREIGN PROFIT/NONPROFIT CORPORATION WATTS RESTORATION COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Help

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	ion Section of Corporations			
SUBJECT: W	ATTS RESTORATION COM	APANY, INC		
U 13 1717 171,1 1	Name of	corporation	must include suffix	
Dear Sir or Mada	ın:			
"Certificate of Ex	oplication by Foreign Corp ristence," or "Certificate of foreign corporation to tran	f Good Stand	ling" and check are sul	
Please return all c	orrespondence.concerning	this matter	to the following:	
Mary Murphy				
		Name of P	erson	
WATES RESTOR	ATION COMPANY, INC.			
		Firm/Comp	any	
1704 Bustleton Pik	¢			
		Addres	s	
Fensterville, PA 19				
1.5.4		City/State and	I Zip code	
mmorphy@wallsre		to he used fo	r future annual report i	notification)
D. 6			•	
For further inform	ntion concerning this matt	er, picase ca	и:	
Mary Murphy	at	c <sup>215</sup>	426-7500	
Name of	Person	Area Code	) 426-7500 Daythne Telepl	hone Number
Registrati Division e Clifton Br 2661 Exec	COURIER ADDRESS: on Section of Corporations ailding cutive Center Circle se, FL 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection riporations r
Enclosed is a chec	k for the following amoun	ŧ:		,
터 \$70.00 Filing.J	Fee		\$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.

	torporation; must include "INCORPORATED," "( Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	abic in Florida, enter alternate comorate name ado	pled for the purpose of transacting business in Florida	<del></del>
2. PA	3.		
10/04/0000	3.  ry under the law of which it is incorporated)		<b></b>
(Date	5	(Date of duration, if other than perpetual)	_
6. Upon Filing		•	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	E.S. to determine neodor lightlitul	
7 1704 Bustleton P	iko Feasterville, PA 19053		4
/^ <u></u>	(Principal o	ffice address)	SEP 2
<del></del>	(Current mailing ac	idress, if different)	
8. Name and stree	at address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	平10.04
Name:	C T Corporation System	_	0
Office Address:	1200 South Pine Island Road	_	55 - 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1
	Plantation	, Florida	
	(City)	(Zip code)	

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.

> C T Colporation System Registered agent's signature)
>
> 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: NVA
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS  Gerald Watts
President: Gerald Watts
Address: 1704 Bustleton Pike
Feasterville, PA 19053
Vice President: Geroid Watts
Address: 1704 Bustleton Pike
Feasierville, PA 19053
Secretary: Gerald Watts
Address: 1704 Bustleton Pike, Feasterville, PA 19053
Gerald Watts Treasurer:
Address: 1706 Bustleton Pikem Feasterville, PA 19053
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 1) 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 follows as provided for in \$.817.155, F.S.
13. Gevald Watts, President
(Typed or printed name and capacity of person signing application)

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/26/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### WATTS RESTORATION COMPANY, 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

Certification Number: TSC170926171954-1

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