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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: INSTRUKTION SOLUTIONS, 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:
MICHAEL CREUZER
Name of Person
INSTALLATION SOLUTIONS, INC.
Firm/Company
33 OFFICE PAPIL RD, WIT A-128
HILTON HEAD, SC 29928
City/State and Zip code  MCPENZER INSTAUATION SOLUTIONS INC. COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
MICHAEL CREUZER at (843) 412-6312
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee \$\times \text{S78.75 Filing Fee & Certificate of Status} \text{Certified Copy} \text{S87.50 Filing Fee, Certified Copy} \text{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.

	UATION SOL	<del></del>				_
(If name unavaila	ible in Florida, enter alternate co	orporate name ad	opted for the purpose of	transacting bus	siness in Florida)	
MINI	VESOTA  y under the law of which it is in	3	75 - 30	00004	0	_
(State or countr	y under the law of which it is in	icorporated)	(FEI nun	ber, if applica	ble)	
02	/25 /2002 of incorporation)	5	terp	E I ALL	<u> </u>	_
			(Date of duration	i, if other than	perpetual)	
	06/21/2018	<del></del>	<del> </del>			_
	(Duta family amount)	orad businass in E	Harrista if muisan tas massistus	tion)		
			lorida, if prior to registra 2. F.S., to determine pena			
22	(SEE SECTIONS 607	7.1501 & 607.150	2, F.S., to determine pena	ty liability)	HELD S	
33		1.1501 & 607.150.	2, F.S., to determine penal $T A - 128$	ty liability)	HEKO, S	<u>.</u> C
33	(SEE SECTIONS 607	(Principal	2, F.S., to determine penal $T A - 128$ office address)	ty liability)	HENO, S	<u>.</u>
33	(SEE SECTIONS 607	(Principal	2, F.S., to determine penal $T A - 128$	ty liability)	HENO, S	<u>-</u>
33	(SEE SECTIONS 607	(Principal	2, F.S., to determine pens TA-128 / office address)  ABOUE	HUTO		<u>-</u>
	(SEE SECTIONS 607	(Current mailing	2, F.S., to determine pens TA-128  office address)  SABOVE  address, if different)	HUTO		<u>-</u>
Name and stree	(SEE SECTIONS 607  OFFICE PARK  et address of Florida registere	(Principal SAME (Current mailing ed agent: (P.O.	2, F.S., to determine pens  T A - 128  office address)  S ABOVE  address, if different)  Box NOT acceptable	HUTO		_
	(SEE SECTIONS 607  OFFICE PARK  et address of Florida registere  CT CORPORT	(Principal SAME (Current mailing ed agent: (P.O.	2, F.S., to determine pens  T A - 128  office address)  S ABOVE  address. if different)  Box NOT acceptable	HUTO		_
Name and stree	(SEE SECTIONS 607  OFFICE PARK  et address of Florida registere	(Principal SAME (Current mailing ed agent: (P.O.	2, F.S., to determine pens  T A - 128  office address)  S ABOVE  address. if different)  Box NOT acceptable	HUTO		- - -
Name and stree	(SEE SECTIONS 607  OFFICE PARK  et address of Florida registere  CT CORPORT	(Principal SAME (Current mailing ed agent: (P.O.	2, F.S., to determine pens  T A - 128  office address)  S ABOVE  address, if different)  Box NOT acceptable  STEN  WO ROKO	HUTO	<b>18</b>	- - -

CT COMPORATION SUSPEN (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: \_ ISAAC BINDERT THEATRE DRIVE N, SLITE 250 55316 CHAMPUN, MN Vice Chairman: MICHAEL PALERNO 9354 OLD BAILES ROAD INDIAN LAND, SC 29707 Director: MICHAEL CREUZER Address: 33 OFFICE PARK NO, WHIT A-128 HILTON HEAD, SC Director: **B. OFFICERS** President: \_\_\_\_ISAKC BINDERT Address: 11660 THEKTRE DRIVE N, SWITE 55316 Vice President: MCCHKEL PALERINO 9354 OLD BALLES ROAD Address: \_\_\_\_ INDIAN LAND, SC 29707 MICHAEL CREWZER Secretary: \_ OFFICE PARK NO, WIT A-128 Address: HILTON 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.

MICHAEL CREUZER

13. \_\_\_\_\_

## Office of the Minnesota Secretary of State Certificate of Good Standing

I. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Installation Solutions, Inc.

Date Filed: 02/25/2002

File Number: 12A-496

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 06/21/2018

Ateve Pinn Steve Simon

Secretary of State State of Minnesota