F950000606261

-	lification/Tax Lien Section sion of Corporations
SUBJECT:	Southern exectors of PA., INC: (Name of corporation - must include suffix)
Dear Sir or !	ω_1
The enclosed Florida", "Co foreign corn	d "Application by Foreign Corporation for Authorization to Transact Business in ertificate of Existence", and check are submitted to register the above referenced oration to transact business in Florida.
	n all correspondence concerning this matter to the following:
	JEFFREY S. GORDON -12/11/9501050015 (Name of Person) +****70.00 *****70.00 Southern Erectors, Inc. (Firm/Company)
	Southern Erectors, INC.
	(Firm/Company)
	1.0.10x 545 (Address)
	P.O. Box 545 (Address) Avella, PA 15312 (City/State/Zip) Avella PA 15312 (City/State/Zip)
	(City/State/Zip) (City/State/Zip) (City/State/Zip) Read to call someone concerning this matter, please call:
Should you	need to call someone concerning this matter, please call:
JEFFIC	ACCUPATION STATES AND
	Meaning of a denset)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 12, 1995

JEFFREY S. GORDON SOUTHERN ERECTORS, INC. **PO BOX 545** AVELLA, PA 15312

SUBJECT: SOUTHERN ERECTORS OF P.A., INC. Ref. Number: W95000024252

We have received your document for SOUTHERN ERECTORS OF P.A., INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 495A00053819

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:

1.	Southern Exectors of PA. INCORPORATED
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	(State or country under the law of which it is incorporated) 3. 3-28/70/17 (FEI number, if applicable)
4.	7-24-95 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. (See Sections 607.1501, 607.1502, AND 817.155, F.S.)
	(Date first transacted business in Florida. (SEE SECTIONS 607, 1501, 607, 1502, AND 817, 155, F.S.)
7.	P.O.Box 549 FE 39
	AVELLA PA 15312 SAR ST (Current mailing address)
	(Current mailing address)
8.	Supply 4 erect metal siding 4, roofing (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: John Sweder
0	ffice Address: 1782 West Virginia DRIVE
	KISSIMMEE, FL., Florida, 34744 [Zip Code)
10). Registered agent's acceptance:
re al	aving been named as registered agent and to accept service of process for the above stated or process for the place designated in this application, I hereby accept the appointment as egistered agent and agree to act in this capacity. I further agree to comply with the provisions of I statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

11. 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.

12. Names	and addresses of officers and/or directors: (Street address ONLY-P. O. Box acceptable)	
	CTORS (Street address only- P. O . Box NOT acceptable)	
and the second		_
Address: _		_
	man:	_ :
Address: _		-
Director: _		•
Address: _		_
Director: _		_
Address:	TA:	-
President: _	SERS (Street address only-P. O. Box NOT acceptable) JEFFREY S. Gordon SUBH ALKEN ROOD MUKEUS ROCKS, PA 15134	
Vice Presid	lent: Dr. S	-
Address:		-
Secretary:	James F. Eordon JR.	_
Address:	5 SUNNY CREST COCIL, PA 15321	_ , :
Treasurer: Address:	SU24 AINEN Read Milles Rocks, PA 15BG	- - -
NOTE: If officers and	necessary, you may attach an addendum to the application listing additional liver directors.	
13(S	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	_
14	(Typed or printed name and capacity of person signing application)	-

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHERN ERECTORS OF P.A., IN .." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE IND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF



95 DEC 26 AN 10: 25



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

7735€68

12-05-95

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