F98000002228

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: WILSON MECHAN	VICAL, INC
(Name of corporation	ı - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to retransact business in Florida.	Authorization to Transact Business in Florida", gister the above referenced foreign corporation to
Please return all correspondence concerning this matter of NiCOLE WILSON (Name of	3000024342234 -04/20/9801126001
WILSON MECHAN	MCPL, INC
7348 S. AHO	n May 9D
Englewood, Co) 80112_ te/Zip)
Should you need to call someone concerning this matter	; please call:
Nicole Wilson at (303) (Name of Person) (Area) 840 · 5234 Code & Daytime Telephone Number)
COURIER ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 PM 420 PM 3



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 30, 1998

NICOLE WILSON WILSON MECHANICAL, INC. 7348 S. ALTON WAY 9D ENGLEWOOD, CO 80112

SUBJECT: WILSON MECHANICAL INC.

Ref. Number: W98000006980

We have received your document for WILSON MECHANICAL INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

Please state the name of the corporation is section 1.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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 (850) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 698A00016804

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.
Wilson Negwanical, Inc
(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. Delewaye (State or country under the law of which it is incorporated) 3. 75 - 2059870 (FEI number, if applicable)
4. O 90 (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7348 S. AHDN WOY 9D
Englewood, (D 801/2 (Current mailing address)
8. Instaul Heating and Air Conditioning (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: TOCC ON M.
Office Address: UD5 S.E. 510HN AVE
COUCH Florida, (Zip code)
10. 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. (Registered agent's signature)
(Registered agent's signature) 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this than to the Department of State, by the Secretary of State or other official having custody of corporate records in the junior for under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: JOHN F. WILSON
Address: 9249 FOX FIVE DR.
Highlands Ranch, CD
Vice Chairman: Lee Wilson
Address: 938 Monopoly DR.
Lawranceville, GA 93018
Director: NICOLE WILSON
Address: 9249 FOX FIVE DR.
Highlands Parch, CD 80126
Director: Neen Oh C. Pinco
Address: 9749 Fox Five DV
High
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: JOHN F. WISON
Address: 9249 Fox Five DR.
Highlands Ranch, (0 80126
Vice President: Lee WILSON
Address: 938 MONOPOLY DR.
Lawranceville GA 93018
Secretary: NICOLE M. WILSON
Address: 9249 FOX FIVE DR
Highlands Ranch, CD 80126
Treasurer: Nechan C. Pino
Address: 9249 FOX FIVE DR
Highlands Ranch, CD 801210
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. JOHN F. WILSON PRESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILSON MECHANICAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 1998.

AND I_DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID_TO DATE.

DIVISION OF CORPORATIONS

OR APP 20 PM 3: 27



Edward J. Freel, Secretary of State

AUTHENTICATION:

8989985

DATE:

03-24-98

2637110 8300

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