* * * *	. ,
CORPORATE	
ACCESS, 1116-D Thomasville Re	oad . Mount Vernon Square . Tallahassee, Florida 32303
INC. P.O. Box 37066 (32315-7066)	~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
CERTIFIED COPY	3036
	Fareign
PHOTO COPY	FILING / ON E 19/1
1.) COMTOST COMOS (CORPORATE NAME & DOCUMENT #)	ents of therical to
(CORPORATE NAIVIE & DOCUMENT #)	SECRE VISION
2.)(CORPORATE NAME & DOCUMENT #)	28 C3 RTE
r,	A CR
(CORPORATE NAME & DOCUMENT #)	23 July 9-5/29
4.)	
(CORPORATE NAME & DOCUMENT #)	20002539122
5.)(CORPORATE NAME & DOCUMENT #)	
·	w98-12174
6.)(CORPORATE NAME & DOCUMENT #)	
7.)(CORPORATE NAME & DOCUMENT #)	
8.)	
(CORPORATE NAME & DOCUMENT #)	88 R
9.) (CORPORATE NAME & DOCUMENT #)	E E M
(CONFORMIE NAME & DOCOMENT #)	28 <u>H</u>
10.)(CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 28, 1998

CORPORATE ACCESS, INC.

SUBJECT: COMFORT COMPONENTS OF AMERICA, INC.

Ref. Number: W98000012174

We have received your document for COMFORT COMPONENTS OF AMERICA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must designate at least one officer or director in section 12 of the application, and the designated officer or director must sign on line 13.

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) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 598A00029968

incorporated.

## 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. Comfort Components of America, Inc.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or wor 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.)	ds or	<b>-</b>
2. Delaware 3. (FEI number, if applicable) (State or country under the law of which it is incorporated)		····
4. May 26, 1998  (Date of Incorporation)  5. perpetual (Duration: Year corp. will cease to exist or "per	petual")	_
6. May 29, 1998 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	98 H/A	SEC DIVISI
7. 501 Corporate Centre Drive, Suite 200	~>	육游 우조권
Franklin, Tennessee 37067		
(Current mailing address)	A.M. G;	RPSON
8. To engage in any lawful act or activity for which corporations may be organized under	the Gen	ब्दूबर्न Corporation
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Name:  CT Corporation System  CT Corporation System		
Office Address: 1200 South Pine Island Road	-	<u>,</u>
Plantation , Florida , 35324 (Zip Code)		<u>-</u>
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above state 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 provicall statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.  CONNIE BRYAN  SPECIAL ASSISTANT SECRETARY  (Registered agent's signature)	sions of ir with	
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 incomparated	er is	

Treasurer:

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: NONE Address: \_\_\_\_ Vice Chairman: Address: \_\_\_\_\_\_ Director: \_\_ Address: Address: \_\_\_ B. OFFICERS (Street address only-P. O. Box NOT acceptable) President: NONE Address: \_\_\_\_\_ Vice President: Address: Asst. Secretary: Gara M.

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signapure of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gary M. Brown, Incorporator ASSISSTANT SECRETARY
(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 "COMFORT COMPONENTS OF AMERICA, 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-SEVENTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

8300 AUTHENTICATION: 9102216

DATE:

05-27-98

2900409

981201373