

F98000004788

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: PROCRAFT INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

000002613830--5  
-08/12/98--01048--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", 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:

Nat Campbell  
(Name of Person)  
PROCRAFT INC.  
(Firm/Company)  
1701 LOUISVILLE DR. Suite C  
(Address)  
KNOXVILLE TENN. 37921  
(City/State/Zip)

W98-18319

Should you need to call someone concerning this matter, please call:

Nat Campbell at (423) 584 7117 X-  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 AUG 21 PM 2:59

FILED  
8/21

STREET ADDRESS:

Qualification/Tax Lien Section  
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

August 12, 1998

NAT CAMPBELL  
PROCRAFT, INC.  
1701 LOUISVILLE DR. SUITE C  
KNOXVILLE, TN 37921

SUBJECT: PROCRAFT, INC.  
Ref. Number: W98000018319

We have received your document for PROCRAFT, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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.)

Please note that the "acknowledgement" you submitted is not the same as the certificate we require, described above.

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) 487-6958.

*Cat Prock*

*PROCRAFT COATING INC.*

Lee Rivers  
Document Specialist

Letter Number: 498A00041910

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned Nat H. Campbell Jr., do hereby certify  
(Name)

that this Resolution of the Board of Directors of \_\_\_\_\_  
PROCRAFT INC.  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Tennessee,

was duly adopted on JAN. 29<sup>th</sup>, 19 97.

Be it resolved, that PROCRAFT INC.,  
(Corporate Name)

organized and existing in the State of Tennessee, hereby adopts the name

PROCRAFT COATING INC for use in Florida.

Dated: 8-14-98

[Signature]  
Signature of either Chairman, Vice Chairman or any officer

Nat H. Campbell Jr. Chairman  
Type or print name

**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. PROCRAFT 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. TENN. USA 3. 62-1680408  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-29-97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. August 15<sup>th</sup> 1998  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. PROCRAFT Inc.  
925 S. SEMORAN Blvd. Suite 102 WINTER PARK FLA. 32792  
(Current mailing address)

8. TO CONDUCT RETAIL EXTERIOR COATING BUSINESS AND COMMERCIAL EXTERIOR COATING BUSINESS  
(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: LAWRENCE MANCINI

Office Address: 1122 Temple Dr.

WINTER PARK FLA. 32789, Florida, 32789  
(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)

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.

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TALLAHASSEE FLORIDA

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: Nat Campbell

Address: 439 Dairy Ln.  
Lenoir City TN. 37772

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

**B. OFFICERS** (Street address only - P.O. Box **NOT** acceptable)

President: ~~CHRIS SCHUEVEL~~ CHRIS Schuevel

Address: 1926 Kim Watt Rd.  
KNOXVILLE Tenn. 37909

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Fred Boynton

Address: 1900 Penwood Dr.  
KNOXVILLE Tenn. 37922

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. Nat Campbell Chairman  
(Typed or printed name and capacity of person signing application)

Secretary of State  
Corporations Section

James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 08/12/1998  
REQUEST NUMBER: 3546-2916A  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/29/1997  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0324593  
JURISDICTION: TENNESSEE

TO:  
PROCRAFT INC.  
1701 LOUISVILLE DR  
SUITE C  
KNOXVILLE, TN 37921

REQUESTED BY:  
PROCRAFT INC.  
1701 LOUISVILLE DR  
SUITE C  
KNOXVILLE, TN 37921

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
-----  
"PROCRAFT, INC."

-----  
IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FOR: REQUEST FOR CERTIFICATE

ON DATE:

FROM:

	FEES	
RECEIVED:	\$0.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$0.00
RECEIPT NUMBER:		
ACCOUNT NUMBER:		



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE