To: Qualification/Tax Lien Section (FRANSMITTAIL ETTER)

Division of Con	rporations	- •		
SUBJECT: FINE L	INE DRYWALL, INC.		-	
111111111111111111111111111111111111111		corporation - must include suffix)		
Dear Sir or Madam:				
		Authorization to Transact Business d foreign corporation to transact bus		of Existence",
Please return all corresp	ondence concerning this matter	to the following:		
	MARK BLANCHARD	-		9 3
		(Name of Person)		Wischer Fill
	FINE LINE DRYWAL	L, INC.		
	-	(Firm/Company)		
	119 ARMORY STREE	T	·	PH
		(Address)		: 33 33 39
	KEENE, NH 03431	<u> </u>		6
		(City/State/Zip)		1
Should you need to call s	someone concerning this matter	r, please ca il :		474hi 5/26
DEB BUCKLEY	at	603-352-1000		9/20
(Name	of Person)	(Area Code & Daytime Telep	hone Number)	_
CORRECT ADDRESS.		,	100002884 -05/25/99 ess: *****70.00	01002014
STREET ADDRESS:		MAILING ADDRI	288: ******(U.UU	************
Qualification/Tax Lien S Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Qualification/Tax L Division of Corpora P.O. Box 6327 Tallahassee, FL 323	itions	
Enclosed is a check for t	he following amount:			
X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	578.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status 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.

	NE DRYWALL, INC.		
	ooration; must include the word "INCORPORATE		
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.)		
a NUTTED TOTAL	DOUTDE	2 02-	-0449239
2. NEW HAM	ountry under the law of which it is incorporated)		nber, if applicable)
(State of C	odinity united the law of which it is incorporated)	(i Li nun	юсі, п аррисаотсу
4	5/22/91 5	0	
4.	(Date of incorporation)	(Duration: Year corn. will o	cease to exist or "perpetual")
	(Date of meosporation)	(Duration: 16th corp. win	odde to east of peoperadic)
6.	3/4/9	9	
	Date first transacted business in Florida.) (SEE SEC		d 817.155, F.S.)
(1	one mat dimination outsides in 1 fortunity (522 525	<u> </u>	,
7. <u>119 ARM</u>	ORY ST.		
KEENE,	NH 03431	<u> </u>	
	(Current mailin	ng address)	
	SUBCONTRACTOR		
(Purpose(s) of corporation authorized in home state	or country to be carried out in s	tate of Florida)
O Nome and st	reet address of Florida registered agent: (P.O. Bo	ov or Mail Dron Box NOT accom	stable) _ □
9. Name and su	rect auditess of Fiorida registered agent. (1.0. De	ox of Man Drop Box 1101 accep	SECRE SECRE
Name:	CT Corporation		= 39
		-	
Office Address:	1200 South Pine Island Road	<u>-</u>	
	Plantation	33324	
	1 10110401011	, Florida, ³³³²⁴ (Zip code)	المنظمة المنظم المنظمة المنظمة المنظمة المنظمة المنظمة
		(Zip code)	••
10 Registered as	gent's acceptance:		1: 39
10. Registered as	cent s acceptance.		5
Having been nam	ed as registered agent and to accept service of pr	ocess for the above stated corpo	ration at the place designated
	, I hereby accept the appointment as registered a		
* * *	rovisions of all statutes relative to the proper and	l complete performance of my d	uties, and I am familiar with
and accept the ob	ligations of my position as registered agent.	•	
	(Yathing Co.	CAPATARICIACA, CANAFI	ilO.
	U sources	OPATARICIA OR. CANARI T's signature) ASSISTANT SECRETAL	RY
	(Registered agen	i 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
MARK BLANCHARD 119 ARMORY ST., KEENE, NH 03431

7 X. DXXXII	CTORD (Buttet address only - 1.0. Dox 140	1 acceptable)	
Chairman	:	***	
Address:		<u>a</u>	
·			
Vice Chair	man:		
Address:	<u>.</u>		
Director:			· · · · · · · · · · · · · · · · · · ·
Address:			
Addi CSS.			
.			
Director:			-
Address:			
B. OFFIC	CERS (Street address only - P.O. Box NOT a	acceptable)	
President:	MARK BLANCHARD		
Address:	119 ARMORY ST.	<u> </u>	
	KEENE, NH 03431	-	99 - F66 - F87 - F66
Vice Presid	lent: TODD BLANCHARD		SECOND SECOND
Address:	604 WASHINGTON ST.		25
	KEENE, NH 03431	·	<u> </u>
Secretary:	GARY KINYON		3
-	50 WASHINGTON ST.		9 5
	KEENE, NH 03431		
Crossvere.	MARK BLANCHARD		·
Address:	119 ARMORY ST.		
-	KEENE, NH 03431	-F	
NOTE: If i	necessary, you may attach an addendum to the app	lication_listing additional officers and/or	directors.
.3	(Signature of Chairman, Vice Chairman,	or any officer listed in number 12 of the	annliantian\
1 M77 ነጋር የ	BLANCHARD, PRESIDENT	or any outeer instea in number 12 of the :	аррисацоп)
7. <u>11771/1</u> 1	·····	capacity of person signing application)	

State of New Hampshire Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FINE LINE DRYWALL, INC. is a New Hampshire corporation formed on MAY 22, 1991. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

> IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire this 31st day of March, 1999.

> > William M. Gardner Secretary of State



