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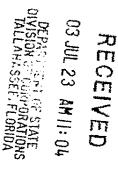
(Req	uestor's Name)	
/Add	ress)	
(Addi	ress)	
(Addi	ess)	
(City/	State/Zip/Phone	<i>→ #</i>)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doci	ıment Number)	
·	·	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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BK



CT CORPORATION

July 23, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 OS JUL 23 PM 1:54

Re:

Order #: 5896660 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Empire Home Improvement, LLC (DE) Registration Florida Please insect for# on File 2rd

Fict. Filing

lease return evidence of filing(s) to my attention.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

2202104	
IN COMPLIANCE WITH SECTION 608.503, FLORIL LIMITED LIABILITY COMPANY TO TRANSACT BUSIN	The same of the sa
	S. S. M.
1. Empire Home Improvement LLC	of foreign limited liability company)
trame	of foreign influed hability company)
2. Delaware	3. 13-4206433
(Jurisdiction under the law of which foreign limite company is organized)	d liability (FEI number, if applicable)
4. 08/01/02	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing of this application	
(Date first transacted business in F	lorida. (See sections 608,501, 608,502, and 817,155, F.S.)
7. 7045 N. Ridgeway Ave., Lincolnwood, IL 6071	2
7. 7045 14. Ridgeway Ave., Elifeoniwood, 12. 0071	
(Str	reet address of principal office)
8. If limited liability company is a manager-	-managed company, check here
O. The name and vigual business addresses a	of the managing members or managers are as follows:
9. The name and usual business addresses of	of the managing members of managers are as follows.
Empire Home Services, LLC, sole member	
7045 N. Ridgeway Ave.,	
Lincolnwood, IL 60712	
	<u>and the second of the second </u>
	· · · · · · · · · · · · · · · · · · ·
	more than 90 days old, duly authenticated by the official having custody of records in
•	nized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of	the translator must be submitted.)
11. Nature of business or purposes to be con	nducted or promoted in Florida: Shop-at-home
retailer of vinyl replacement windows and siding	g.
la No	
Signature of a member	er or an authorized representative of a member.
	608.408(3), F.S., the execution of this document constitutes

in

Steven Silvers, manager of Empire Home Services, LLC, sole member Typed or printed name of signee

an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STA	
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE	3 OF
FLORIDA.	型上2
1. The name of the Limited Liability Company is:	3 田田
Empire Home Impresent LLC	
2. The name and the Florida street address of the registered agent and office are:	7. 27
C. T. Corporation System (Natio)	
1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Connie Bryan, Special Asst. Secy.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

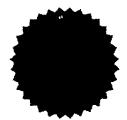
. . . .

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMPIRE HOME IMPROVEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2537347

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8300

3551728

DATE: 07-18-03