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S. HAWKES

DEC 2 3 2008

EXAMINER



December 24, 2008

SHELLEY CHAMPAGNE 215 HEMBREE PARK DR STE 100 ROSWELL, GA 30076

SUBJECT: MONTAG WINDOWS & DOORS, LLC

Ref. Number: W08000056690

We have received your document for MONTAG WINDOWS & DOORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6955.

Letter Number: 708A00061679

Suzanne Hawkes Regulatory Specialist II

D' '.'.. (C. ... P.O. DOV COOT Mellele Flee'd 2021 A

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Montag Windows & Doors (Name of Limited Liability Company) | | | |
|---|--|--|--|
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Shelley Champagne (Name of Person) | | | |
| Montag Windows & Doors, LLC (Firm/Company) | | | |
| 215 Hembree Park Dr., Ste 100 (Address) | | | |
| Roswell, GA 30076 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Shelley Champagne at (770) 508-8058 (Area Code & Daytime Telephone Number) | | | |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |
| Enclosed is a check for the following amount: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certificate of Status} \text{ Certified Copy of Status & Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy of Status & Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \text{ Filing Fee & Certified Copy of Status & Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \text{ Filing Fee & Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \text{ Filing Fee & Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Bigsim Size Certified Copy} \$\Bigsim \frac{1}{25.00}\$ Filing Fee & Bigsim Size Certifi | | | |

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

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER . LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | 4 FOREIGN |
|---|--|
| 1. Montag Windows + Doors, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy o consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I Company," "L.L.C.," "LLC.") | the written iability |
| | |
| 2. Jelandra (C. Jurisdiction under the law of which foreign limited liability company is organized) 4. Jelandra (Date of Organization) 5. Jean (Duration: Year limited liability company will cease exist or "perpetual") | |
| 4. 10-4-07 5. 1020 000 000 000 000 000 000 000 000 00 | DAMES OF THE PARTY |
| | |
| 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608 501 & 608 502 F.S. to determine penalty, liability) | |
| (See Sections 006.301 & 006.302 F.S. to determine penaity habitity) | |
| 7. 215 Hembree Park Drive, Suite 100 | |
| Resure 11, GA 30076 (Street Address of Principal Office) | |
| 8. If limited liability company is a manager-managed company, check here | |
| 9. The name and usual business addresses of the managing members or managers are as follows: | |
| Mitch Lewandowski | |
| 215 Hembree Park Dr, Ste 100 | |
| Roswell, GA 30076 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted.) | of records in |
| 11. Nature of business or purposes to be conducted or promoted in Florida: | gital pro s |
| GET COUNTY OF BOARDS | |
| 1 istil | <u> </u> |
| Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes | |

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONTAG WINDOWS & DOORS, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2008.

OS FEB 12 PM 2: 06
SECRITARISTE PARTIE

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081197982

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 7029063

DATE: 12-16-08

You may verify this certificate online at corp.delaware.gov/authver.shtml

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|----------|
| Montag Windows & Doors, LL | <u>C</u> |
| If name unavailable, the alternate name to be used in the state of Florida is: | OS FI |
| 2. The name and the Florida street address of the registered agent and office are: | B 12 |
| InCorp Services, Inc. | W 2:06 |
| 17888 67th Court North Florida Street Address (P.O. Box NOT ACCEPTABLE) | - |
| Loxahatchee, FL 33470 | - |
| | |

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, Florida Statutes.

Janice Sull on behalf of Incorp Services, Inc.
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)