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#### **COVER LETTER**

New Filing Section Division of Corporations

TO:

SUBJECT: BARRIER SPECIALTY	Y ROOFING & COATING	S, INC			
Name of corpo	ration - must include suffix				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporatio "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	d Standing" and check are submitted to				
Please return all correspondence concerning this r	matter to the following:				
JAMES DAVIS					
Nar	ne of Person				
UNITED CRS					
Firm	n/Company				
327 HOLLOW CREEK LN					
	Address				
HAVANA, FL 32333					
City/S	tate and Zip code				
cc@unitedcrs.com					
E-mail address: (to be	used for future annual report notificatio	n)			
For further information concerning this matter, ple	ease call:				
James Davis at (85	50 <sub>)</sub> 322-7117				
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status		7.50 Filing Fee, tificate of Status & tified 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.

	PECIALTY ROOFING & COATINGS, corporation; must include "INCORPORAT					-
	Corp," "Inc," "Co," or "Corp.")		, , , , , , , , , , , , , , , , , , ,			
(If name unavai	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting bus	ness in	Florida)	_ )
2. CA		3.	77-0507574			
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)		_	
4. 03/05/1999		5.	PERPETUAL			
(Date	e of incorporation)		(Duration: Year corp. will cease to exist	or "perp	etual")	_
6. UPON REC	SISTRATION					
	•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			_
- 4620 N DI	·		• • •			
7.4020 N. DL	YTHE AVENUE, FRESNO, (Principal office					-
4620 N B	LYTHE AVENUE, FRESN		•			
1020 IV. D	(Current mailing			Fo		-
					=	
8. Any and a	Il Lawful Business			五州	NON	
(Purpose(	s) of corporation authorized in home state of	OF CO	ountry to be carried out in state of Florida)	75	29	years.
9. Name and street	et address of Florida registered agent: (	(P.C	D. Box NOT acceptable)		PH	
Name:	James Davis				پي	
name.			_ <del></del>	3.4	<del>ار</del>	
Office Address:	327 Hollow Creek Ln			(3)+		
	Havana		, Florida 32333			
	(City)		(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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_ 11 NOV 29 PM 3: 54 Address: \_\_\_\_\_ SEURE TARY OF STATE TALLAHAS SEE. FLORISA Vice Chairman; Address: Director: \_\_\_\_ Address: Director: **B. OFFICERS** President: BLAIR CUNNINGS Address: 2280 W. ROBINWOOD LANE FRESNO, CA 93711 Vice President: Address: Secretary: \_\_\_ Address: \_ Address: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. BLAIR CUNNINGS

### State of California Secretary of State

CERTIFICATE OF STATUS

FILED

11 NOV 29 PM 3 54

SECRETARY OF STATE TALLAHASISEE FLORIDA

#### ENTITY NAME:

BARRIER SPECIALTY ROOFING & COATINGS, INC.

FILE NUMBER:

C1937794

FORMATION DATE:

03/05/1999

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 30, 2011.

DEBRA BOWEN Secretary of State