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COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Crown Builders	Siding & Windows Inc			
	Name of corporation -	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence." or above referenced foreign corp	"Certificate of Good Stand	ling" and check are sub-		
Please return all corresponden	ce concerning this matter t	to the following:		
Daryl D. Pittman				
· · · · · · · · · · · · · · · · · · ·	Name of P	Person		
Crown Builders Siding & Windo	ws Inc			
·	Firm/Comp	oany		
3111 Monroe Rd				
	Addres	SS		
Charlotte, NC 28205				
	City/State an	d Zip code		
Tara@crownbuilders.com				
E-r	nail address: (to be used fo	or future annual report n	otification)	
For further information conce	ming this matter, please ca	ill:		
Tara Woods	at (375-2665	375-2665	
Name of Person	Area Code	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	LORIDA DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	

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.

Crown Builders	Siding & Windows Inc	
	corporation; must include "INCORPORATED," " Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate cornorate name add	opted for the purpose of transacting business in Florida)
North Carolina		· · · · · · · · · · · · · · · · · · ·
(State or counti	ry under the law of which it is incorporated)	(FEI number, if applicable)
4. 05/01/1992	5	
4. (Date of incorporation) 5		(Date of duration, if other than perpetual)
6.		
	(Date first transacted business in FI	orida, if prior to registration)
3111 Monroe Rd	(SEE SECTIONS 607,1501 & 607,1502 Charlotte, NC 28205	. F.S., to determine penalty hability)
7	, Charlotte, NC 28205 (Principal office	steme address
	(Frincipal Office	street audiess)
	(Current mailing a	ddress, if different)
8. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)
Name:	Trevor Pittman	
Office Address:	142 S Sewalls Point Road	_
	Stuart (City)	— Florida 34996
	(City)	(Zip code)
9. Registered ago	ent's acceptance:	
Having been nam	ed 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	it as registered agent and agree to act in this capacity. I tive to the proper and complete performance of my duties.
and I am familiar	with and accept the obligations of my positi	ove to the proper and complete performance of my duties. On as registered agent,

10. 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.

(Registered agent's signature)

A. DIRECTORS Trevor Pittman Daryl D Pittman □ Chairman □Chairman 142 S Sewalls Point Road 142 S Sewalls Point Road □Vice Chairman Address: ☐ Vice Chairman Address: Stuart, FL 34996 Stuart, FL 34996 □Director □ Director President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer **⊡**Other _Manager ☐ Other _____ □Other _____ □Other _____ □ Chairman Name: ____ □ Chairman Name: □Vice Chairman Address: ______ ☐ Vice Chairman Address: □Director □ Director □President □President □Vice President _____ □Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: ___ □Vice Chairman Address: □Vice Chairman Address: □ Director □Director □President □ President □Vice President ☐ Vice President □Secretary ☐ Treasurer □ Secretary □Treasurer □ Other _____ □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six 164. The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. 13. ____ (Typod or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CROWN BUILDERS, SIDING AND WINDOWS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of April, 1992, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of December, 2024.

Elaine I Marshall

Secretary of State