Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

2011 DFC 23	SECRETARY OF THE
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 00	PATE:

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The	name o	of the corporation is Euramax In	ternational, Inc.			
2.	It is incorporated under the laws of <u>Delaware</u>						
3.	The	e name,	if different, which it elects to use	in Rhode Island is:			
	(a)	"incorp	name of the corporation in its orated", or "limited" or an abbre corporate endings for use in Rho	eviation thereof, then	rporation does not contain the word "corpor list the name of the corporation with the add	ration", ' dition of	'company", one of the
	(b)	If the conqualify applica	and transact business in Rhoo	n Rhode Island, then le Island as stated i	set forth below the fictitious name under which n the "Fictitious Business Name Statement" t	the compo	oralion will d with this
4.	The	date of	its incorporation is 06/23/2005		and the period of its duration is Perpetual	AH	
5.	The	addres	s of its principal office is 5445 T	riangle Parkway, Sui	ite 350, Norcross, GA 30092	=	
6.	The	addres	s of its proposed registered office	e in Phode Island is	In Wayboccat Street	50	Vii
•		444,00	o or its proposed registered office	s in Knode Island is _	(Street Address, not P.O. Box)	<u>.</u> .	
7.	The Ma	purpose nufactur	(City/Town) s is CT Corporation System e or purposes which it proposes ring, metal fabrication Notwiths which corporations may be organized.	(Xip Code) (Name to pursue in the transtanding the foregoing	and the name of its proposed registered agent DALE W MO ASSISTANT VICE I of Agent) action of business in Rhode Island are: the purpose of the corporation is to engage in under the laws of its jurisdiction of incorporati	RRIS PRESIDEN any law	IT
8.	(a)	The na	ames and respective addresses which it is incorporated). Name	of its directors (opti	onal unless directors are required under the la	aws of th	e state or
	ъ.			•	Address		
	Dire Dire		Mitchell B. Lewis R. Scott Vansant	FILED	5445 Triangle Parkway, Suite 350, Norcros 5445 Triangle Parkway, Suite 350, Norcross		
	Dire	ctor)EC - o r: -00 44			
	Dire	ctor		DEC 27 2011			
	Form	n No. 150	BY/	59385	1:00		

Revised: 06/11

	<u>Name</u>			<u>Name</u>		Address		
	Pres	sident	Mitchell	B. Lewis	5445 Triangl	e Parkway, Suite 350, Norcross GA 30012		
Vice President Treasurer Secretary		R. Scott Vansant		5445 Triangle Parkway, Suite 350, Norcro				
		asurer	R. Scott Vansant					
		retary			5445 Triangle Parkway, Suite 350, Norcro			
		aggregate num series, if any, w			ssue; itemized by classes	s, par value of shares, shares without par value,		
	Number of Shares		<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value			
	1,0	00		Common		\$0.0100		
		\$136373000.00 following year, \$	wherever lo	ocated.	·	perty to be owned by the corporation for the		
	(c)	the corporation be owned durin	% = An to be locat g the follow	estimate, expressed as a p ed within this state during t ring year, wherever located.	he following year bears t {divide (b) by (a) and mu	tion that the estimated value of the property of o the value of all property of the corporation to altiply by 100 to obtain the percentage. The business to be transacted by the corporation		
	(b) \$ = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.							
	(c)	transacted by t	he corporat vill be trans	tion at or from places of bu	siness in this state during	ortion that the gross amount of business to be g the following year bears to the gross amount (divide (b) by (a) and multiply by 100 to obtain		
		s application is a s of which it is in			Standing issued by the p	proper officer of the state or country under the		
13.	This	s Application for	Certificate	of Authority shall be effective	e upon filing unless a spe	ecified date is provided which shall be no later		
	thar	n the 90th day a	fter the date	e of this filing				
					Application for Certifica	, I declare and affirm that I have examined this te of Authority, including any accompanying all statements contained herein are true and		
Dota		12/21/	/11		IXA/			
∪ate	.	10/21/	1.1	<u> </u>	Signature of	Authorized Officer of the Corporation		
					Robert Se Type or Pri	nt Vausant VPACFO		

Attachment to Rhode Island Officers & Directors

1 Full Name: Scott R. Anderson

Officer/Director: Officer

Officer's Title: Vice President

Business Address: 5445 Triangle Parkway, Suite 350

City: Norcross
State: GA

State: GA ZIP Code: 30092

2 Full Name: Jeffrey Condino

Officer/Director: Officer

Officer's Title: Vice President

Business Address: 5445 Triangle Parkway, Suite 350

City: Norcross
State: GA

ZIP Code: 30092

3 Full Name: Jeffrey Hummel

Officer/Director: Officer

Officer's Title: Vice President

Business Address: 5445 Triangle Parkway, Suite 350

City: Norcross
State: GA

ZIP Code: 30092

4 Full Name: Melissa Allen

Officer/Director: Officer

Officer's Title: Assistant Treasurer

Business Address: 5445 Triangle Parkway, Suite 350

City: Norcross
State: GA
ZIP Code: 30092

5 Full Name: Karen S. Castillo

Officer/Director: Officer

Officer's Title: Assistant Secretary

Business Address: 5445 Triangle Parkway, Suite 350

City: Norcross

State:

GA

ZIP Code:

30092

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EURAMAX INTERNATIONAL, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF

DECEMBER, A.D. 2011.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

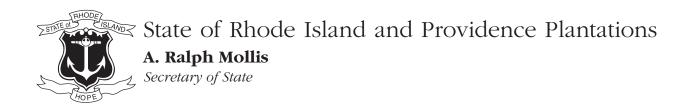
3990150 8300

111324915

AUTHENTYCATION: 9248366

DATE: 12-21-11

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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

