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TALLAHASSEE

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALLEY ENGINEERING, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BOB LOFGREN
(Name of Person)
VALLEY ENGINEERING, INC.
(Firm/Company)
15181 CANONGATE DRIVE
(Address)
FORT MYERS, FL 33912
(City/State and Zip code)

For further information concerning this matter, please call:

BOB LOFGREN at (239) 464-0852
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
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 ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified 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.

1. VALLEY ENGINEERING, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NORTH DAKOTA 3. 45-0449024
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/1/98 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 623 EAST MAIN AVENUE, SUITE 208
(Principal office address)
WEST FARGO, ND 58078
(Current mailing address)

8. PERFORMING CONSULTING ENGINEERING IN STATE OF FLORIDA
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

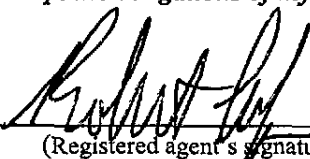
Name: BOB LOFGREN

Office Address: 15181 CANONGATE DR.

FORT MYERS, Florida 33912
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ANGELA LUND

Address: 535 KINGSTON PLACE

WEST FARGO, ND 58078

Director: DEBRA M. LOFGREN

Address: 15181 CANONGATE DRIVE

FORT MYERS, FL 33912

B. OFFICERS

President: JEFFREY P. LUND

Address: 535 KINGSTON PLACE

WEST FARGO, ND 58078

Vice President: ROBERT J. LOFGREN

Address: 15181 CANONGATE DRIVE

FORT MYERS, FL 33912

Secretary: ROBERT J. LOFGREN

Address: (SEE ABOVE)

Treasurer: ROBERT J. LOFGREN

Address: (SEE ABOVE)

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TALLAHASSEE, FL

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT LOFGREN

(Typed or printed name and capacity of person signing application)

State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

VALLEY ENGINEERING, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that VALLEY ENGINEERING, INC. , a North Dakota BUSINESS CORPORATION, was incorporated in this office on February 10, 1998 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

VALLEY ENGINEERING, INC.

Issued: August 24, 2004

Alvin A. Jaeger
Secretary of State

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SECRETARY OF STATE
BISMARCK, ND