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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION
SNELSON COMPANIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Snelson Companies, 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," or "Certificate of Good Standing" 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:

Snelson Companies, Inc.
Name of Person
400 E. Las Colinas Blvd., Suite 800
Firm/Company
Address
Irving, Texas 75039
City/State and Zip code
lbolin@powerlinesinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori A. Bolin at (214) 272-0147
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 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. Snelson Companies, 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. Washington

(State or country under the law of which it is incorporated)

3. 91-0541448

(FEI number, if applicable)

4. 5/26/1948

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

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

7. 601 W. State St., Sedro-Woolley, WA 98284

(Principal office address)

400 E. Las Colinas Blvd., Suite 800, Irving, TX 75039

(Current mailing address)

8. Pipeline and Gas Distribution, Pipeline emergency response, utility and communication installation, pipe and vessel fabrication, storage tank installation and general industrial construction vessel fabrication.

(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: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation

(City)

Florida

FL

(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.

Michael Jones
Assistant Secretary



(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Greg Gapinski

Address: 601 W. State St., Sedro-Woolley, WA 98284

Director: Mark Crowson

Address: 400 E. Las Colinas Blvd., Suite 800, Irving, TX 75039

B. OFFICERS

President: Greg Gapinski

Address: 601 W. State St., Sedro-Woolley, WA 98284

Vice President: Mike Woodmansee

Address: 601 W. State St., Sedro-Woolley, WA 98284

Secretary: Daniel S. Terrell

Address: 400 E. Las Colinas Blvd., Suite 800, Irving, TX 75039

Treasurer: _____

Address: _____

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

13. *Daniel S. Terrell*

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. Daniel S. Terrell, Secretary/CLO

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

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF SNELSON COMPANIES, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 5/26/1948.

I FURTHER CERTIFY that as of the date of this certificate, SNELSON COMPANIES, INC. remains active and has complied with the filing requirements of this office.

Date: January 15, 2013.

UBI: 298-000-998



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State