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(Re	questor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO:	New Filing Sec Division of Co			
SUBJE	ECT: Ultim	ate Engineering	, Inc.	
			tion - must include suffix	
Dear Si	r or Madam:			
"Certifi	cate of Existent		for Authorization to Transa Standing" and check are sub siness in Florida.	
Please r	eturn all corres	pondence concerning this m	atter to the following:	
Davi	id J. Schi	avone		
		Name	of Person	
Ultin	nate Engi	neering, Inc.		
		Firm/C	Company	
1613	3 Sudlers	ville Road		
		A	ddress	
Sudi	lersville, 1	MD 21668-1659		
		City/Sta	te and Zip code	
david	d.schiavon	e@u-engineering.		
		E-mail address: (to be us	sed for future annual report r	notification)
For furt	her information	concerning this matter, plea	se call:	
Davi	id J. Schi	avone at (330	770-2353	
	Name of Perso	n Aı	rea Code & Daytime Telepho	one 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		
		the following amount:		
3 \$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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
_{2.} Maryland	1	27-2914308	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 05/25/20	10 _{5.}	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
6. 08/01/20	14		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
1613 Sud	lersville Road, Sudlersville	• • •	34,
7. 10 10 000	(Principal office add		F
1613 Sudi	ersville Road, Sudlersville, I		SE SE
	(Current mailing add		10 to
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	-
Name:	Donovan T. Motley		
Office Address:	7518 McElvey Road		
	Panama City Beach	, Florida 32408-4919	
	(City)	(Zip code)	

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.

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

A. DIRECTORS	
Chairman: David J. Schiavone	
Address: 1613 Sudlersville Road	
Sudlersville, MD 21668-1659	
Vice Chairman: Lauren M. Schiavone	
Address: 1613 Sudlersville Road	
Sudlersville, MD 21668-1659	
Director: Justin M. Poole	
Address: 2568A Riva Road Suite 202	
Annapolis, MD, 21401	
Director:	
Address:	
	erand The desired
B. OFFICERS	2 . M
President: David J. Schiavone	部 TU
Address: 1613 Sudlersville Road	79
Sudlersville, MD 21668-1659	
Vice President: Lauren M. Schiavone	The state of the s
Address: 1613 Sudlersville Road	
Sudlersville, MD 21668-1659	
Secretary: Lauren M. Schiavone	
Address: 1613 Sudlersville Road, Sudlersville, MD 21668-1659	
Treasurer: David J. Schiavone	
Address: 1613 Sudlersville Road, Sudlersville, MD 21668-1659	
	nd/or directors
NOTE: If necessary, you may attach an addendum to the application listing additional officers at 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that	na/or uncomis.
Signature of Director or Officer The officer or director signing this decument (and who is listed in number 12 shows) officer	the facts stated by sale
The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Department of the Dep	

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

13. David J. Schiavone, President

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ULTIMATE ENGINEERING, INC., INCORPORATED MAY 25, 2010, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 29, 2014.

Paul B. Anderson Charter Division

Faul B. Underen



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097