# F17 000004417

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



600304919006

TALLAHASSEE FLORID

OCT 26 2017 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 883822 7500813

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: October 25, 2017

ORDER TIME : 2:51 PM

ORDER NO. : 883822-005

CUSTOMER NO: 7500813

#### FOREIGN FILINGS

NAME: SPECIALTY CONTRACTING

SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### **COVER LETTER**

TO:	Registration Section Division of Corporations						
Stirt	Specialty ECT:	Contracting Serv	ices, Inc.				
3000	ECT	Nam	e of corporation	on - mus	t include suffix		
Dear S	Sir or Madam:						
"Certi		ce," or "Certifica	te of Good St	anding''	and check are su	act Business in Florida," bmitted to register the	
	return all corresp nts Payable	pondence concer	ming this matt	er to the	following:		
			Name o	f Person	<u> </u>		
Specia	Ity Contacting Serv	vices, Inc.					
			Firm/Co	mpany			
9702 8	5th Avenue North						
	····		Add	ress			
Maple	Grove. MN 55369	)					
	<del></del>		City/State	and Zip	code		
ap@sn	nomg.com						
•		E-mail addre	ss: (to be used	for futi	ire annual report	notification)	
For fur	ther information	concerning this	matter, please	call:			
Jim Cappelleri			763 at (		333-5983		
	Name of Perso	n	Area Co	de	Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:					MAH.ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	.00 Filing Fee	S78.75 Fili Certificate	ng Fee &		75 Filing Fee & fied Copy	S87.50 Filling 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. Specialty Contracting Services, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") Specialty Contracting Services, Inc. (alternate name Specialty Mitigation Services, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 41-1506296 Minnesota (State or country under the law of which it is incorporated) (FEI number, if applicable) 12/6/1984 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9702 85th Avenue North, Maple Grove, MN 55369 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 9. 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. Roxanne Turner Asst. Vice President (Registered agent's signature)

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 Denise Rac Hedden Chairman: 9702 85th Avenue North Maple Grove MN 55369 Address: Randall James Hedden Vice Chairman: 9702 85th Avenue North Maple Grove MN 55369 Director: Address: Director: **B. OFFICERS** Denise Rae Hedden President: Address: Randall James Hedden Vice President: Address: Secretary: Treasurer: Address: 1 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Ot Solden 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. Denise Rae Hedden

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

#### Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: SPECIALTY CONTRACTING SERVICES.

INC.

Date Filed: 12/06/1984

File Number: 4U-707

Minnesota Statutes, Chapter: 302A

e de de de la completa del la completa de la completa del la completa de la completa del la

Home Jurisdiction: Minnesota

This certificate has been issued on: 10/25/2017

Oteve Pinn Steve Simon

Secretary of State State of Minnesota