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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

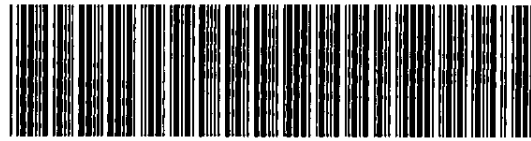
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maxam Contracting Company LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kelley Scharosch
Name of Person

Maxam Contracting Company LLC
Firm/Company

1904 NW Pine Tree Ln
Address

Stuart, FL 34994
City/State and Zip Code

kscharosch@earthlink.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kelley Scharosch at (816) 210-0115
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Maxam Contracting Company LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Kansas 3. 27-2289387
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/06/2010 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 22220 Canterbury Road, Bucyrus, KS 66013
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
Mark A. Scharosch, 1904 NW Pine Tree Ln, Stuart, FL 34994
Kelley Scharosch, 1904 NW Pine Tree Ln, Stuart, FL 34994
Richard Stokes, P.O. Box 3460, Placida, FL 33946

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: General Contractor and Construction Management Services

Kelley Scharosch
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kelley Scharosch
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Maxam Contracting Company LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Richard Stokes

(Name)

241 Kettle Harbor Dr., Don Pedro Island, FL


Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Daclida FL 33946

City/State/Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
CHRIS BIGGS**

I, CHRIS BIGGS, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6417786

Entity Name: MAXAM CONTRACTING COMPANY LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: CHERYL VOHLAND

Registered Office: 7715 Chadwick St, PRAIRIE VILLAGE, KS 66208

was filed in this office on April 06, 2010, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

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TALLAHASSEE, FLORIDA

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of September 27, 2010



A handwritten signature in black ink, appearing to read 'Chris Biggs', written over a horizontal line.

**CHRIS BIGGS
SECRETARY OF STATE**

Certificate ID: 352184 - To verify the validity of this certificate please visit <https://www.accesskansas.org/bess/flow/validate> and enter the certificate ID number.