0064 TRANSMITTAL LETTER

Registration Section Division of Corporations

SUBJECT: LAKE-INDUSTRIAL SERVICES, 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: Della M. Markferding (Name of Person) Lake-Industrial Services, Inc. (Firm/Company) 100 Manhattan Avenue, Suite 2206 (Address) Union City, NJ 07087 (City/State and Zip code) For further information concerning this matter, please call: Della M. Markferding at (201) 867-7000 (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

53 \$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.

~		OUSTRIAL SERVICES, INC.			
WORG	is or appr	poration; must include the word "INCORPORAT eviations of like import in language as will clearl or partnership if not so contained in the name at	V indicate that it is a corporation instead of a		
2. DE	LAWAF	RE	22-3481664		
(Stat	te or coun	try under the law of which it is incorporated)	(FEI number, if applicable)		
4. 11/	25/1996	5 5.	PERPETUAL		
		ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	ъ· .	
v		ALIFICATION			
(Date	first trans	sacted business in Florida. If corporation has not (SEE SECTIONS 607.1501	transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)		-
7. <u>175</u>	86 TIFI	FANY TRACE DRIVE, BOCA RATOR	N, FL 33487		
400		(Principal office add	•		
100	MANH	ATTAN AVENUE, SUITE 2206, UNI			
		(Current mailing add	ress)	•	
8. COI	MMER	CIAL ROOFING			
	(Purpose	(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)		
9. Nam	e and <u>st</u>	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)	<u> </u>	
	Name:	DELLA M. MARKFERDING	N. I.	CRET	
Office A	ddress:	17586 TIFFANY TRACE DRIVE		ARY ARY	F
		BOCA RATON	, Florida 33487	PH V	03
		(City)	(Zip code)	2: 02	
10. Reg	istered a	ngent's acceptance:	Diff.		
Having i Jesianat	been nai	ned as registered agent and to accept serving	ce of process for the above stated corporation at the plant as registered agent and agree to act in this capacit	ace	
	and sites	o opposition, i nerely allept the abboinm	tent us revisieren avent ana aoree to act in thic conneil	fu T	

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci-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. Name	es and business addresses of officers and/or directors:
A. DIRE	CTORS
Chairman:	
Address: _	• · · · · · · · · · · · · · · · · · · ·
_	
Vice Chain	man:
Address: _	
Director: _	
Address: _	
_	#Ú:
Director: _	
Address: _	
resident:	DELLA M. MARKFERDING 100 MANHATTAN AVENUE, SUITE 2206
<u> </u>	JNION CITY, NJ 07087
vice Presid	lent:
Address: _	
. -	
ecretary:	
Address: _	
reasurer:	·
Address: _	
MOTE. H	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
	necessary, you may student an addendarin to the application fishing additional officers and/of directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
DELI	A M. MARKFERDING, PRESIDENT

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

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE-INDUSTRIAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID.

"LAKE-INDUSTRIAL SERVICES, INC." WAS INCORPORATED ON THE

TWENTY-FIFTH DAY OF NOVEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Harriet Smith Windson, Secretary of State

2687146 8300

010574812

AUTHENTICATION: 1444542

DATE: 11-14-01