F02000002764

	TRANSMIT	TTAL LETTER	
TO: Registration Section Division of Corporation	ne.		THE ON THE SERVICE OF THE PARTY
-		_	Secondary Washington
SUBJECT: Delecon,			
	(Name of corpo	pration - must include suffix	
Dear Sir or Madam:		•	Of the
The enclosed "Application by F "Certificate of Existence", and c to transact business in Florida.	oreign Corporation check are submitted	n for Authorization to Trans I to register the above refere	act Business in Florida", enced foreign corporation
Please return all correspondence	concerning this m	atter to the following:	
Mark S. Roy			
	(Nam	ne of Person)	
Delecon, Inc.		-	
	(Firm	/Company)	
324 S. Evans Stree	·		_
		Address)	<u> </u>
Greenville, NC 278	•		-
		ate and Zip code)	
	(City/Si	ate and Zip code)	
For further information concerning	ng this matter, plea	se call:	JOOO56214819 -05/28/0201060004 *****78.75 *****78.75
Mark S. Roy	at (2	52 ₋₎ 551-7615	4
(Name of Person)	(Ar	ea Code & Daytime Teleph	one Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons
Enclosed is a check for the follow	ing amount:		
	75 Filing Fee & ificate 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

D€	elecon, Inc.			
vords or abbrev		TED", "COMPANY", "CORPORATION" or urly indicate that it is a corporation instead of a at present.)		
North Carolina 3		3. <u></u> 56-2194769		
State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
5-10-2000 5.		Perpetual		
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
4-01-02	2	—		
Date first transa		ot transacted business in Florida, insert "upon qualification." 01, 607.1502 and 817.155, F.S.)		
324 S.	Evans Street			
	(Principal office ad	ddress)		
Greenvi	ille, NC 27835			
	(Current mailing ad	ddress)		
Design	and Construction			
	and Construction (s) of corporation authorized in home state or o	country to be carried out in state of Florida)		
(Purpose((s) of corporation authorized in home state or o			
(Purpose((s) of corporation authorized in home state or o	country to be carried out in state of Florida) : (P.O. Box or Mail Drop Box NOT acceptable)		
(Purpose((s) of corporation authorized in home state or o			
(Purpose(Name and str Name:	(s) of corporation authorized in home state or or reet address of Florida registered agent C. T. Corporation System	: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)		
(Purpose(Name and str	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road	: (P.O. Box or Mail Drop Box NOT acceptable)		
(Purpose(Name and str	(s) of corporation authorized in home state or or reet address of Florida registered agent C. T. Corporation System	: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)		
(Purpose(Name and str	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road	: (P.O. Box or Mail Drop Box NOT acceptable)		
(Purpose(Name and str Name: Tice Address:	(s) of corporation authorized in home state or or reet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City)	: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)		
(Purpose(Name and str Name: fice Address: Registered a	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City) agent's acceptance:	(P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code)		
(Purpose(Name and str Name: fice Address: Registered a ving been name	(s) of corporation authorized in home state or or reet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept ser	(P.O. Box or Mail Drop Box NOT acceptable) , Florida		
(Purpose(Name and str Name: ice Address: Registered a ving been nan ignated in thi	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin	: (P.O. Box or Mail Drop Box NOT acceptable) , Florida		
(Purpose(Name and str Name: fice Address: Registered a wing been nan signated in this ther agree to	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoint comply with the provisions of all statutes	t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida		
(Purpose(Name and str Name: fice Address: Registered a ving been nan ignated in thi ther agree to	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin	t: (P.O. Box or Mail Drop Box NOT acceptable) yice of process for the above stated corporation at the atment as registered agent and agree to act in this cap is relative to the proper and complete performance of most of my position as registered agent.		
(Purpose(Name and str Name: fice Address: Registered a ving been nan ignated in thi ther agree to	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoint comply with the provisions of all statutes	t: (P.O. Box or Mail Drop Box NOT acceptable) yice of process for the above stated corporation at the atment as registered agent and agree to act in this cap is relative to the proper and complete performance of a first of my position as registered agent. DALE W. MORRIS		
(Purpose(Name and str Name: fice Address: Registered a ving been nan ignated in thi ther agree to	(s) of corporation authorized in home state or creet address of Florida registered agent C. T. Corporation System 1200 S. Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoint comply with the provisions of all statutes	t: (P.O. Box or Mail Drop Box NOT acceptable) yice of process for the above stated corporation at the atment as registered agent and agree to act in this caps of my position as registered agent. DALE W. MORRIS ASSISTANT VICE PRESIDENT		

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

A. DIRECT	D. Kermit Smith. P.E.		
Address:		=	0, 10
ddress	Greenville, NC 27835		艺艺艺
irector	mark S. Roy, P.E.		- DI TON TO THE TON TH
ddress:	324 S. Evans Street	<u>.</u> .	
	Greenville, NC 27835		- 67
irector:	Robert M. Adams, P.E.		75
ddress:	324 S. Evans, Streets in Street.	<u> </u>	
	Greenville, NC:27835		
irector:	Antoine E. Khoury, P.E.		· · · · · · · · · · · · · · · · · · ·
.ddress:	324 S. Evans Street		
	Greenville, NC 27835		- :
E ATTACH . OFFICE	HED SHEET FOR REMAINING DIRECTORS RS		-
resident:	Mark S. Roy, P.E.		
.ddress:	324 S. Evans Street	· .	**
	Greenville, NC 27835		·- · · · · · · · · · · · · · · · · · ·
ice President	: N/A	·	
.ddress:			· · · · · ·
 ecretary:	Robert M. Adams, P.E.		
ddress:	324 S. Evans Street, Greenville,	NC 27835	
reasurer:	Robert M. Adams, P.E.		
.ddress:	324 S. Evans Street, Greenville,	NC 27835	
OTE: If n	ecessary, you may attach an addendum to the app	lication listing additional offic	cers and/or directors.
3	In S. Pay	ary officer listed in number 12	of the application)
	(Signature of Chairman, Vice Chairman, or an	ny omicer usted in number 12 (or the apprication)
4	Mark S. Roy, President (Typed or printed name and capacity	of nerson signing application)	

Delecon, Inc. 324 S. Evans Street Greenville, NC 27835

FEI Number: 56-2194769

ADDENDUM to Item 12.

Names and business addresses of directors:

Director:

Richard E. Johnson, AIA 324 S. Evans Street

Greenville, NC 27835

Director:

Melissa S. Richter 324 S. Evans Street Greenville, NC 27835

Director:

David T. Cox, P.E. 324 S. Evans Street Greenville, NC 27835 THE CORPORATIONS AND THE PARTY OF THE PARTY



North Carolina Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

DELECON, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of May, 2000, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of May, 2002.

Claire J. Marshall.
Secretary of State

Certification Number: 6096055-1 Page: 1 of 1 Ref.# 4831201-Verify this certificate online at www.secretary.state.nc.us/Verification.