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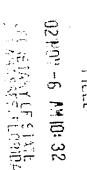
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



400008781794

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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		-		
SUBJ	ECT:Crossmark (Construction	n, Inc.		
	· • • • • • • • • • • • • • • • • • • •	(Name of corpora	tion - must include suffix)		
Dear S	ir or Madam:				
"Certif	closed "Application by Fore icate of Existence", and che sact business in Florida.				
Please	return all correspondence co	oncerning this mat	ter to the following:		
	Karen Notting				
		(Name	of Person)		
	Crossmark Con	struction,	Inc.	o de la companya de	
		(Firm/C	Company)	<u></u>	
	P.O. Box 1770	, 599 Indus	trial Dr., Suite	318	
		(Ad	idress)		
	Carmel, IN 460	082	- -	돌아	02
:	***	(City/Stat	e and Zip code)		02 NOV -6
			•	\$ \frac{1}{2}	1
For for	ther information concerning	this matter nless	e call.	SFR	<u>~</u>
10114	mos importante or concerning	, www.proud	- <u> </u>	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u> </u>
Kare	n Nottingham	at (317) 569- <u>9</u> 960		AM 10: 32
	(Name of Person)	(Are	a Code & Daytime Telepho	ne Number)	2
	ET ADDRESS:		MAILING ADDRESS		
Registration Section Registration Section Division of Corporations Division of Corporations					
	Gaines St.		P.O. Box 6327	15	
Tallah	assee, FL 32399		Tallahassee, FL 32314		
Enclos	ed is a check for the followi	ng amount:			
x \$70		5 Filing Fee & Ficate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee Certificate of Sta 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.

1.	Crossmark Construction, Inc.									
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or									
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a									
	natural person or partnership if not so contained in the name	at	present.)							
_		_	A = 0 4 = 7 = 0 1 =							
2.		3.	352067849	<u> </u>						
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)							
4.	02/02/99	5.	perpetual							
	(Date of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")							
6.										
=	(Date first transacted business in Florida. If corporation has									
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)									
7	599 Industrial Dr. Cuita #210	~	= = 1 TN 46022							
	7. 599 Industrial Dr., Suite #318, Carmel, IN 46032 (Principal office address)									
			ess) ==							
_	P.O. Box 1770, Carmel, IN 46082		23 C 24 C 25							
=-	(Current mailing	add	ress)							
8	General Building Contractor			_						
	(x and account of a confidence		untry to be carried out in state of Florida)							
9.	Name and street address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	77>						
			SSE 6	M						
	Name: CT Corporation System			- 3						
	1300 Combb Ding Tolling D		- Es 6							
0	ffice Address: 1200 South Pine Island R	oa	# =							
	Plantation		, Florida_33324	-						
	(City)		(Zip code)	٠						
	(City)		(Lip code)							

10. 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.

Jeffrey R. Graves

(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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: _ Director: _ B. OFFICERS Kayser Swidan President: _ 599 Industrial Dr., Suite #318 Address: Carmel, IN 46032 Vice President: N/A Address: Richard Hood Secretary: _ 2601 N. Arlington Ave., Indianapolis, IN 46218 Address: Richard Hood Treasurer: ___ 2601 N. Arlington Ave., Indianapolis, IN 46218 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Kayser Swidan, President

STATE OF INDIAÑA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virture of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

CROSSMARK CONSTRUCTION, INC.

-duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 02, 1999, and was in existence or authorized to transact business in the State of Indiana on October 30, 2002.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirtieth Day of October, 2002 .

- Sue anne Gilray

SUE ANNE GILROY, Secretary of State

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