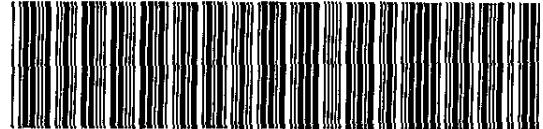


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CLERK OF STATE
TALLAHASSEE, FLORIDA



200019172342

05/23/03--01066--010 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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03 MAY 23 PM 3:47

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Nuprecon, 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:

Marlene Haworth
(Name of Person)
Nuprecon, Inc.
(Firm/Company)
35131 SE Center Street
(Address)
Snoqualmie, WA 98065
(City/State and Zip code)

For further information concerning this matter, please call:

Marlene Haworth at (425) 881-0623
(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 ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

FILED

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.

03 MAY 23 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Nuprecon, 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.)
2. Washington
(State or country under the law of which it is incorporated)
3. N/A
(FEI number, if applicable)
4. 10/1/86
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 35131 SE Center Street, Snoqualmie, WA 98065
(Principal office address)
35131 SE Center Street, Snoqualmie, WA 98065
(Current mailing address)
8. Contractor specializing indemolition, environmental waste/
abatement and sawcutting.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip 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.

See attached registered agent document.

(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 N/A

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Chairman: _____ 03 MAY 23 PM 3:47

Address: _____

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John J. Hennessy

Address: 3532 - 207th Ave. SE

Issaquah, WA 98029

Vice President: Same

Address: _____

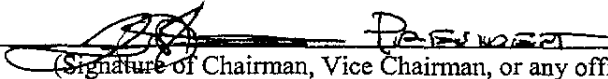
Secretary: Same

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John J. Hennessy, President
(Typed or printed name and capacity of person signing application)

CT CORPORATION SYSTEM

FLORIDA


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for

Nuprecon, Inc.

At the place designated in the attached Application, C T Corporation System hereby accepts the appointment as registered agent and to act in this capacity, it further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and accepts the obligation of its position as registered agent.

C T CORPORATION SYSTEM


Kathleen C. Gariepy, Asst. Secretary/slj

520 Pike Street, Suite 2610
Seattle, WA 98101
Tel. 206 622 4511
Fax 206 621 8813

UNITED STATES OF AMERICA

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03 MAY 23 PM 3:47

The State of Washington

Secretary of State

I, **Sam Reed**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

NUPRECON, INC.

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on October 17, 1986.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.

Date: May 14, 2003



Given under my hand and
the Seal of the State of
Washington at Olympia,
the State Capital.

Sam Reed

Sam Reed, Secretary of State