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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corpo	orations			
SUBJECT:	EUROPEAN CONSTRUCTION, INC. (Name of Corporation)	3		
DOCUMENT NUMBER	R: F03000004777	+		
The enclosed Resolution fee are submitted for filin	of the Board of Directors to Withdraw the Alternate name for use in Florid ng.	da and		
Please return all correspo	ondence concerning this matter to the following:			
SAVE	ERIO LASPIA			
(Name o	of Contact Person)			
EUROPEAN (Fi	CONSTRUCTION, INC.			
1840 PICC	ADILLY CIRCLE (Address)			
(City/S	State and Zip Code)			
For further information co	oncerning this matter, please call:			
SAVERIO LASPIA (Name of Contact	at (239) 229-1919 (Area Code & Daytime Telephone Number)			
Enclosed is a check made	e payable to the Florida Department of State for the following amount:			
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certificate of Status & Certificate of			
	DN			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations				
P.O. Box 6327	Clifton Building	•		
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301	Tallahassee, FL 32301		

CR2E124 (8/08)



NOEC SANGER OF SANGER

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned	SAVERIO LASPIA		, do hereby certify	
	(Name)			
that this Resolution of	the Board of Directors of			
	EUROPEAN CONSTRUCTIO	N, INC.		
	(Name of Corporation		· · · · · · · · · · · · · · · · · · ·	
a corporation duly oraș	anized and existing under the laws of	MICHIGAN		
a corporation daily orga	y)			
	NU 14 DV 44 4005			
was adopted onJA	NUARY 11, 1995		withdrawing the alternate	
name ofEUF	ROPEAN CONSTRUCTION OF		INC	
	(Current Alternate	Name)		
in Florida as its real na	me is available in Florida.			
Date: DECEMBER	9 2011			
Date: DECEMBER	. 6, 2011.			
X) ///		PRESID	ENT	
Signature of Chairm	n, Vice Chairman of the Board, a ctor or any officer	Title of	person signing	
	on any onice.			
	FILING FE	E \$35		
Make checks payable to Florida Department of State and mail to: Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314

CR2E124 (8/08)