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(City/State/Zip/Phone #)

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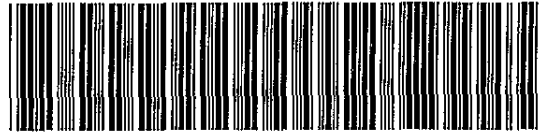
Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL CONSTRUCTION METHODS 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:

SUSAN C. ORR
(Name of Person)

PROFESSIONAL CONSTRUCTION METHODS INC.
(Firm/Company)

861 CLOVER DRIVE
(Address)

COLUMBUS OHIO 43235
(City/State and Zip code)

For further information concerning this matter, please call:

MARK A. ORR at (321) 279-5121
(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**

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. PROFESSIONAL CONSTRUCTION METHODS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO 3. 51-0455055
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 20, 2003 5. PERPETUAL
(Date of incorporation) (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. 861 CLOVER DRIVE, COLUMBUS OHIO 43235
(Principal office address)
- 861 CLOVER DRIVE COLUMBUS OHIO 43235
(Current mailing address)

8. FOR PROFIT
(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: MARK A. ORR

Office Address: 303 FOX VALLEY DRIVE
LONGWOOD, Florida 32779
(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.


(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:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: SUSAN C. ORR

Address: 861 CLOVER DRIVE
COLUMBUS OHIO 43235

Vice Chairman: MARK A. ORR

Address: 303 FOX VALLEY DRIVE
LONGWOOD FL 32779

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SUSAN C. ORR

Address: 861 CLOVER DRIVE
COLUMBUS OHIO 43235

Vice President: MARK A. ORR

Address: 303 FOX VALLEY DRIVE
LONGWOOD FL 32779

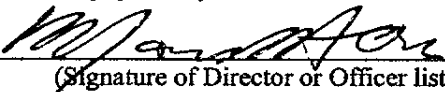
Secretary: MARK A. ORR

Address: _____

Treasurer: SUSAN C. ORR

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. VICE CHAIRMAN
(Typed or printed name and capacity of person signing application)

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PROFESSIONAL CONSTRUCTION METHODS INC., an Ohio corporation, Charter No. 1373751, having its principal location in Columbus, County of Franklin, was incorporated on March 20, 2003 and is currently in GOOD STANDING upon the records of this office.



***Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 5th day of December, A.D. 2003***

J. Kenneth Blackwell

Ohio Secretary of State