F04-000002411

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	iy/State/Zip/Phone #	9)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
		5/40
L	Office Use Only	MST



200033951402

04/28/04--01073--008 **78.75

O4 APR 28 AM 9: 58 SECKLTARY OF STATE ALLAHASSEE, FLORID

TRANSMITTAL LETTER

TO:	Registration Sec Division of Cor	porations			- ·					
SUBJ	ECT:	Vortex (N	Concre ame of corpor	te ation	Lift + Standard suffix)	bi	iliza	tie	m, -	Inc
Dear S	ir or Madam:									
"Certif		e", and check			Authorization to Transac gister the above reference					to
Please	return all corresp		~		to the following: CanKlin Person)			SECRETA	O4 APR	
	Nortex 1		2 Lift	4	- Stabilizat	10	n, I	ÀZ.	28.) accounts
	7.0.	Box 70	•	'Con	npany)		, FLU		AH 9:	D
	Fort	Worth	TX		7611 nd Zip code)		Dλ	1	67 &	
. 1	ther information WIETLIS (Name of Person	_			ill: <u>875- 290'</u> ode & Daytime Telepho	Z one N	Number)			
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399				MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns			·	
Enclos	ed is a check for	the following	amount:							
∄ \$ 70	0.00 Filing Fee	\$78.75 F	iling Fee & ate of Status	٥	\$78.75 Filing Fee & Certified Copy	o	\$87.50 Certific	ate o	f Stat	us &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, F DREIGN CORPORATION TO T					
Morto	x Concrete Li-	CLU Sta	hilization	n) Inc		
(Enter name of	corporation; must include "INCOF	RPORATED," "CO	MPANY," "CORE	ORATION,"		
"Inc.," "Co.," "	Corp," "Inc," "Co," or "Corp.")					
Λĺ						
/V0	Hex, Inc					
(If name unava	ilable in Florida, enter alternate cor	rporate name adopt	ed for the purpose o	f transacting busin	ness in Florida)	
2. Te.	ras	3	<u> 20-0</u> 0	291992	<u> </u>	-
(State or countr	y under the law of which it is incor	porated)	(FEI num	iber, if applicable))	
4. 10/	8/03	5 . _	fer pet	-ual		
(Da	te of incorporation)	(Du	ration: Year corp. w	vill cease to exist o	or 'Perpetual')	
6.	UPON qualifica	ation		** *		AND PROPERTY.
(Date first trans	acted business in Florida. If corpor				7	1 1
	(SEE SECTIO	NS 607.1501, 607.	1502 and 817.155, F	·.S.)	28 SSE	
7. 103 North I	feridian Street, Tallahassee		<u></u>	<u> i · · · · · · · · · · · · · · · · · ·</u>	E C	m
	(Princip	oal office address)			9:	
103 North M	leridian Street, Tallahassee	The second secon	<u> </u>		<u> ₹</u> ഗ	
	(Curren	t mailing address)			B DÃ	
8. <u>Raisin</u> (Purpose	g and for unders	sealing Come state or sountry	ncrete wit	h Polyure state of Florida)	ethane !	toan
9. Name and st	reet address of Florida registe	red agent: (P.O.	Box or Mail Drop	Box <u>NOT</u> acce	ptable)	
Name:	Incorp Services, Inc.			* • • •		
	100 Bt 45					
Office Address:	103 North	<u> </u>		. 22	,	
	Tallahasse		, Florida 32301			
	(City)		(Zip co	ode)		
10. Registered	agent's acceptance:					
Having been na	med as registered agent and to is application, I hereby accept t	accept service of	process for the ab	ove stated corport and agree to a	oration at the p	lace itv. I
further agree to	comply with the provisions of a	all statutes relativ	e to the proper an	id complete perf	ormance of my	duties,
and I am famili	ar with and accept the obligatio	ons of my position	ı as registered age	nt.		
	Del a	in 1.0.11	of Incom	. A	a Dre	
	Doug Ousel	is signature	of Inlay	p serve	- , - , - , - , - , - , - , - , - , - ,	
	(vegisieren agen	i o signamic)	-			

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:	
Vice Chairman:	
Address:	<u> </u>
Director:	
Address:	
Address.	
	<u> </u>
Director: Pcc	
Address:	
ASS R	
	<u></u>
B. OFFICERS	
President: Melanie Ellis-Franklin	
Address: 7304 Bishop Court	
Fort Worth, TX 76179	
Vice President: William Franklin	
ERNL Words want Comba Hacel	<u></u>
$-\omega_{\rm min}$, $\omega_{\rm min}$, $\omega_{\rm min}$, $\omega_{\rm min}$	
Fort Worth, TX 76133	
Secretary: Melanie Ellis-Franklin	
Address: 7304 Bishap Court Fort Worth, TX 76179	
Treasurer: William Franklin	,
Address: 5804 Wedgmont Circle North Fort Worth, TX 76133	
Address. Soot West All the Control of the Control o	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
lallania 100 Anakli	
13. (Signature of Director or Officer listed in number 12 of the application)	
14. Melanie Ellis-Franklin, President	
-(Typed or printed name and capacity of person signing application)	

Corporations Section
 P.O.Box 13697
 Austin, Texas 78711-3697



Geoffrey S. Connor Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Nortex Concrete Lift & Stabilization, Inc. (filing number: 800255779), a Domestic Business Corporation, was filed in this office on October 08, 2003.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 27, 2004.



Geoffrey S. Connor Secretary of State