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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Twin L Construction 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: Richard Ladner (Name of Person)					
Twin 2 Construction Inc. (Firm/Company)					
8290 Firstower Rd. (Address)					
PASS Christian, MS, 3957/ (City/State and Zip code)					
For further information concerning this matter, please call:					
Richard Ladrer at (228) 255.7930 (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 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 & ☐ \$78.75 Filing Fee & ☐ Certificate of Status Certified Copy Certified Copy					

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

1. Enter name of c	E WITH SECTION 607.1503, F REIGN CORPORATION TO THE COY SHOW orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	RANSACT BUSINESS II HìON ZNCOI	N THE STATE OF FLORII POV A CEO	
(If name unavail	able in Florida, enter alternate cor	porate name adopted for the	ne nurnose of transacting husi	inese in Florida)
	Si SS MA	· ·	4-0678475	mess in Proriday
(State or country	under the law of which it is incorp		(FEI number, if applicable	(2)
4. &-	93	5		
(Date	of incorporation)	(Duration:	Year corp. will cease to exist	or "perpetual")
6		ed business in Florida, if p		
7 <u>. 829</u> 5) Firstower R. (Princip	d. PASS of all office address) Mailing address)	ou E	39571
• • •	Neral Contraction authorized in hon	ne state or country to be ca		O4DEC
9. Name and stree	et address of Florida registered	agent: (P.O. Box <u>NOT</u>	_acceptable)	5
Name:	Xett Hollis	<u> </u>	4.4	
Office Address:	1587 Kitty Hr	mk Or.	-	
	(JULF BIEEZE	, Floric	_{la} <u>32563</u>	0 A
	(City)		(Zip code)	
Having been nam designated in this further agree to c	gent's acceptance: sed as registered agent and to a application, I hereby accept the omply with the provisions of a with and accept the obligation	he appointment as regis Il statutes relative to the	tered agent and agree to a proper and complete perj	ct in this capacity. I
_	Holle Holle	r 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:

Á. DIRECTORS					
Chairman:	· · · ·				
Address:	· · · · · · · · · · · · · · · · · · ·				
	•				
Vice Chairman:					
Address:					
Director:					
Address:					
Director:					
Address:					
·					
B. OFFICERS	•				
President: Richard Ladner					
Address: 8090 Fire tower Rd.					
Pros Christian MS. 3	9571				
Vice President: Rickey Ladner					
Address: Smme					

Secretary: Kuthy LAdner					
Address: Spyrt					
Treasurer: Kathy LAdner					
Address: Syme					
NOTE: If necessary, you may attach an addendum to the appl	cation listing additional officers and/or directors.				
13. Kuhand Filmer					
(Signature of Director or Officer listed in	n number 12 of the application)				
14. Killard Ladre - President (Typed or printed name and capacity of person signing application)					
(1) beg of branco name and capacity of	r herson signing abhueanon)				

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on August 1, 1983, the State of Mississippi issued a Charter/Certificate of Authority to:

TWIN L CONSTRUCTION, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

SO OFFICIAL SO

Given under my hand and seal of office December 14, 2004

Fric Clark

ERIC CLARK Secretary of State

Certification Number: 6834692-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify