# F0500000 1003

(Deguardada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### TRANSMITTAL LETTER

TO:	Registration Se Division of Cor							
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	Sir or Madam:	(			,			
"Certi	nclosed "Applicat ficate of Existence of business in Flo	e," and check a						ı to
Please	return all corresp	pondence concer	ning this ma	tter to the fol	lowing:			
		Roy	Roge (Name	r5				
			(Namo	e of Person)				
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	1596 PA PAI	isley	5+ N	W				
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For fu	rther information	concerning this	matter, pleas	se call:		TÄLLAH	OS FE	
_72	Name of Pers	on)	_ at ( <b>32</b> (Ar	) 94/ea Code & D	<u>5. 766</u> aytime Teleph	one Numbers	B 16 PM 4	
	STREET ADI Registration Se Division of Co 409 E. Gaines Tallahassee, FI	ection rporations St.			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section $\mathbb{R}^{f}$ orporations	: 08 :	
Enclos	sed is a check for	the following a	mount:					
<b>5</b> \$70	0.00 Filing Fee	☐ \$78.75 Fill Certificate	ing Fee & e of Status	☐ \$78.75 l Certifie	Filing Fee & d Copy	S87.50 Fi Certifica Certified	te of Star	

### 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. <u>constr</u> (Enter name of c	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")	
(If name unavaila	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Minne	y under the law of which it is incorporated)  3. 41- 2016052  (FEI number, if applicable)	
4.	5. De-Pertual (Duration) (Duration Year corp. will cease to exist or "perpetual")	
6	UPON Qualification	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. <u>/055</u>	Gervais Ave maplewood mn 55/09 (Principal office address)	,
	(Principal office address)	
1290	(Principal office address)  Paisley & st Nw Palm Bay FL 32907  (Current mailing address)	
_		
(Purpose(s	s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Kelly Myers PE 3	
Office Address:	1230 Cy Press Bend Circle  Methanne, Fl.  (City)  (City)  (Zip code)  (RECORDED  (City)  (Zip code)  (RECORDED  (City)  (City)	1 <b>1</b>
	Melbarre, Fl. , Florida 32934 SSE 55	_
	(City) (Zip code)	<b>∏</b>
•	gent's acceptance:  BE  Compared as registered agent and to accept service of process for the above stated corporation at the p	ar Nace
designated in this	s application, I hereby accept the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper and complete performance of my	city. I
	r with and accept the obligations of my position as registered agent.	/ umie
	1 N/4 /1/2	
	(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
Chairman: Roy K Rosers
Address: 1590 Paisley St NW
PAIN BAY FL 32907
Vice Chairman:
Address:
Director: Pedro Esquel mercado
Address: 1230 cypress Bend circle
Mel Bourne PL 32934
Director: Hum Berto Solis Address: 1230 Cy Press Bend Circle
me / Bourne PL 32734
B. OFFICERS
President:
Address:
Vice President:
Address:
HI CB
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Roy X Rogers
13. Rogers (Signature Director or Officer listed in number 12 of the application)  14. Chairman (Typed or printed name and capacity of person signing application)
14. <u>Chairman</u>
(Typed or printed name and capacity of person signing application)

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## State of Minnesota

#### **SECRETARY OF STATE**

Certificate of Good Standing

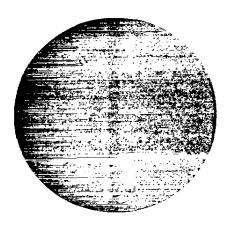
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Construction Services of Mpls Inc

Date Formed: 07/17/2001

Chapter Governed By: 302A

This certificate has been issued on 02/14/05.



Mary Kiffmages
Secretary of State.