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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

				Tallanassee, Filtri
TO: New Filing Section Division of Corporation				
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SUBJECT: tro Ma		poration) - must includ	<u> </u>	dic.
	(14ame of cor	horanom- must memo	ic suma	,
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," and contransact business in Florida.				
Please return all correspondence	concerning this	matter to the followin	g:	
Massic	The same arms and a series as			erranes de la companya del companya del companya de la companya de
× 40 80 0000	(N:	ame of Person)		
Promode Little	- 1 000+	70 S. Q. C		
3.101112000 00 11.11	T (Fi	m/Company)		
11640 Abon St	+			
15/1/100		(Address)		<u> </u>
Omala, NG 69	144			
	(City/	State and Zip code)		
For further information concerning	g this matter, p	case call:		
ΛΙ				
Maggie Wood	at (<u> り</u> 2 <u>) 334-8</u> Area Code & Daytim	(20	
(Name of Person)	(Area Code & Daytime	e Telepi	one Number)
STREET/COURIER A New Filing Section Division of Corporations Clifton Building 2661 Executive Center C		New I Divisi P.O. I	Filing S ion of C Box 632	orporations
Tallahassee, FL 32301				
Enclosed is a check for the follow	ing amount:			
	5 Filing Fee & ificate of Status	S78.75 Filing I 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. Ho Mark Utilt Locators, 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. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 3 7 6 9 6 (Date of incorporation) 5. Leave t (Duration: Year corp. will cease to exist or "perpetual")	
6	
(Date first transacted business in Fiorida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 11640 Arbo Street, Suite 200, Omaha, NG 68144 (Principal office address)	
11440 Ash Street, Suite 2002, Omala, NE 68144 (Current mailing address)	
8. Under Grand Utild Cocating Jewise Panage Oreventre (Purpose(st) of corporation authorized in home state of pountry to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: NRAI Services, Inc.	77
Office Address: 2731 Executive Park Drive, Soute 4	17
(City), Florida 33331 (Zip code)	J
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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my durand I am familiar with and accept the obligations of my position as registered agent.	ies!
Stationie Swiren, Special Ast. Sucy.	
(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: __ Address: ____ Vice Chairman: Address: __ Director: __ Address: _____ Director: _ Address: **B. OFFICERS** President: Vice President: Buan Secretary: Address: _ Treasurer: Address: NOTE: If fecessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director of Officer listed in number 12 of the application) 14.

(Typed or printed name and capacity of person signing application)

Commonwealth of Hinginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

PROMARK UTILITY LOCATORS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is March 26, 1996.

Nothing more is hereby certified.

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SECRETARY OF STATE
SECRETARY OF STATE



Signed and Sealed at Richmond on this Date: April 10, 2006

Joel H. Peck, Clerk of the Commission