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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

11.30.03

COVER LETTER

·	1475Cp. 59 ~
TO: New Filing Section Division of Corporations	The state of the s
SUBJECT: Delmarya Contro	oration must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this n	natter to the following:
R Michael Collison	
R Michael Collison	ne of Person)
Delmaria Contracting ES	John Inc.
16289 Sussex Highwa	~
(Address)
Bridgeville, DE 1993?	>
(City/S	tate and Zip code)
For further information concerning this matter, ple	
Michael Callison at (30	DZ) 337-8254
$\frac{\text{Name of Person}}{\text{(Name of Person)}} \text{ at } (30)$	Area Code & Daytime Telephone Number)
·	
• STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 & \$87.50 Filing Fee, Certified Copy 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. Delmara Contracting & Supply, Inc.

	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	ORPORATED," "	COMPANY," "	CORPORATION	Ţ,"	
(If name unavaila	able in Florida, enter alternate o	orporate name ado	pted for the purp	pose of transacting	g business in F	Florida)
2. State or country	Jace under the law of which it is inc	3	26-1211 (FE	136\ I number, if appl	icable)	··
4. <u>Octob</u> (Date	er 1/2007 of incorporation)	5. <u>(</u>	Perpet.	رمر orp. will cease to	exist or "perp	etual")
		cted business in Fl	orida, if prior to	registration)		
7. 16289	SUSSEX Highwa	ipal office address	eville,	DE 1993	33	
P.O. e	Curre 88/ X	nt mailing address	DE 199	١33		
8. <u>D. 15.</u> (Purpose(s	of corporation authorized in h	ome state of count	ry to be carried o	out in state of Flor		2001
	t address of Florida registere			table)	SECRETARY	
Name: Office Address:	Janeela Ro HII N. New R.	ver Dr. East	^エ ハン:ナ*・c -	805		
	Ft. Lauderd	jale.	_ , Florida _ <u>_ 3</u> (Z	23301 (ip code)	OF STATE FLORIDA	
10 Pagistared an	ient's accentance					

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:
12. Names and business addresses of officers and/or directors: A. DIRECTORS
$Q : \mathbb{N}^{r} \setminus \mathbb{N} \setminus \mathbb{N}^{r}$
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: R. M. Chael Collisson Address: 16289 Sussex Highway Bridgeville, DE 19933
Bridgeville, DE 19933
Vice Chairman:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
P. OCCIOENC
B. OFFICERS
President: R. Michael Collison
Address: 16289 Sussex Highway Bridgeville, DE 19933
Bridgeville, DE 19933
Vice President:
Address:
Secretary: Toffre, De Matte
Secretary: Jeffre, De Matte Address: 16289 Sussex Highway Bridgeville, DE 19933
Treasurer:
Address:
NOTE: Whecessary, you man attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
0 0 1 1 0 1 1 1
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELMARVA CONTRACTING & SUPPLY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2007.

ZOO1 NOV 29 P U: 15
SECRETARY OF STATE
AREA TO THE PROPERTY OF STATE AREA TO THE PROPERTY OF T



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Darriet Smith Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6114377

DATE: 10-29-07