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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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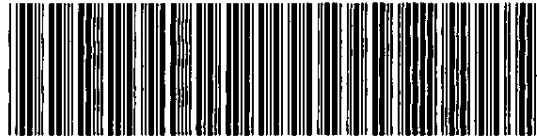
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TURNKEY CONTRACTING, 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," or "Certificate of Good Standing" 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:

GEOFFREY STARR
Name of Person
TURNKEY CONTRACTING, INC.
Firm/Company
5640 S.W. 6TH PLACE, SUITE 900
Address
OCALA, FLORIDA 34474
City/State and Zip code
ASTARR@TKI CONTRACTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEOFFREY STARR at (607) 227-0182
Name of Person 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 & 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. TURNKEY CONTRACTING, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TURNKEY CONTRACTING SOUTHEAST, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 20-2751299
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 15TH 2005 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO TRANSACTIONS
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5640 SW 6TH PLACE, SUITE 900, Ocala, FLORIDA 34474
(Principal office address)

17 COMMERCIAL DR., JOHNSON CITY, NY 13790
(Current mailing address)

8. BUSINESS EXPANSION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

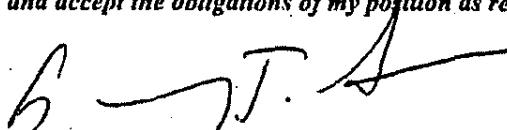
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GEOFFREY STARR

Office Address: 5640 SW 6TH PLACE, SUITE 900
OCALA, Florida 34474
(City) (Zip code)

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.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Chairman: EDWARD LADD

Address: 429 CROCKER HILL RD

BINGHAMTON, NY 13904

Vice Chairman: BRETT PAWON

Address: 4575 SHIMMERVILLE RD

CLARENCE, NY 14031

Director: COREY REEVES

Address: 809 ALMA PLACE

ENDICOTT, NY 13760

Director: _____

Address: _____

B. OFFICERS

President: EDWARD LADD

Address: 429 CROCKER HILL RD

BINGHAMTON, NY 13904

Vice President: BRETT PAWON

Address: 4575 SHIMMERVILLE RD

CLARENCE, NY 14031

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brett Pawon

(Signature of Director or Officer listed in number 12 of the application)

14. BRETT PAWON

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TURNKEY CONTRACTING INC. was filed on 04/15/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

Certificate of Change was filed on 05/31/2007.

A Biennial Statement was filed 04/01/2009.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of December
two thousand and nine.

Daniel Shapiro
First Deputy Secretary of State