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(Requestor's Name)

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(City/State/Zip/Phone #)

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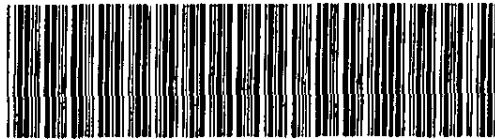
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. BRYAN

MAR -5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consolidated Fabrication & Constructors, Inc.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Betsy Spork

(Name of Person)

Consolidated Fabrication & Constructors, Inc.

(Firm/Company)

3851 Ellsworth Street

(Address)

Gary, IN 46408

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald D. Spork

(Name of Person)

at (219) 884-6150 ext 215

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**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. CONSOLIDATED FABRICATION AND CONSTRUCTORS 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. INDIANA 3. 35-1656909
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-13-1985 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3851 ELSWORTH ST. GARY, IN 46385
(Principal office address)

(ABOVE)
(Current mailing address)

8. HEAVY CONSTRUCTION
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: _____

(Registered agent's signature)

**Troy Todd
as its agent**

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

A. DIRECTORS

Chairman: (SAME AS PRESIDENT)

Address: _____

Vice Chairman: (SAME AS VICE-PRESIDENT)

Address: _____

Director: (SAME AS SEC-TREAS)

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RONALD D. SPORK

Address: 5424 W. 75TH AVE

SCHERERVILLE, IN 46375

Vice President: EDWARD P. PODKOL

Address: 10811 PORTER ST

CROWN POINT, IN 46307

Secretary: RICHARD D. SPORK

Address: 11642 W. VALLEY DR, CROWN POINT, IN 46307

Treasurer: RICHARD D. SPORK

Address: _____

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

13.


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

14.

RONALD D. SPORK PRESIDENT

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

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

CONSOLIDATED FABRICATION AND CONSTRUCTORS INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 13, 1985, and was in existence or authorized to transact business in the State of Indiana on October 17, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of October, 2007.

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA, Secretary of State

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