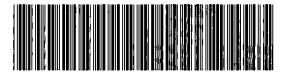
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: PTAC OPERATING CENTERS, 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:				
KELLY FALCONI				
Name of Person				
PTAC OPERATING CENTERS INC.				
748 MILLER DRIVE				
LEESBURG, VA 20175				
YELLY. FALCONI @ PRECISIONAC, COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (703) 777-905 X 200 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building P.O. Box 6327 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 \$\ \text{Certificate of Status} \] \$78.75 Filing Fee & Certified Copy \] \$78.75 Filing Fee & Certified Copy \] 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. PIPO C	AFRATING CENTERS	, INC.
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
PLEUS (If name unavaile	ON TUVE AUTO CAT	dented for the surnage of transceting hyginess in Blorida TD
2. VIRO	IN/A 3.	20-5634326
$4. 9/2\alpha$	nder the law of which it is incorporated) 5, of incorporation)	(FEI number, if applicable) PERPETUA (Duration: Year corp. will cease to exist or "perpetual")
6.	NIVEMBER 1, 201	STA ?
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
7. 1 Wes	+ Unton CouleVAR (Principal office addr	D, DelRAY BEACH, FL 33444
748 N	TILLER DR. LEESPUR	9, VA 20175
^ /	(Current mailing addr	•
	vaintenance & repair	
	of corporation authorized in home state or cou	
9. Name and stree	t address of Florida registered agent: (P.O	Box NOT acceptable)
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	, Florida
	(City)	(Zip code)
designated in this further agree to co	ed as registered agent and to accept servic application, I hereby accept the appointm	e of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity. I lative to the proper and complete performance of my duties, ition as registered agent.
	(Registered agent's signature)	Dona L. Priebe, Assistant VP

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.

AT ALLE

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

A. DIRECTORS	11 OCT 31 PH 2: 39
Chairman:	
Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
	- CONTON
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ROBERT R. FAICON	
Address: IDII WARNICKSHIRE DR, O	DIAT FALLS, VA 220106
Address:	NOTE OF THE PARTY
Vice President: FREDERICK F. SIMMONS	5
Address: 748 MILIER DR, LETS	
Address.	1001 =)
Secretary: FREDERICK F. SIMMON'	5
Address: 748 MILLER DR, LEES	
Treasurer: MARK P. FRANUS	
Address: 748 MILIER DR, LETSE	UPQ VA 20175
_	
NOTE: If necessary, you may attach an addendum to the applica	tion listing additional officers and/or directors.
Signature of Director	or Officer
The officer or director signing this document (and who is listed in are true and that he or she is aware that false information submitted.)	
third degree felony as provided for in s.817.155, F.S.	a m a document to the Department of State constitutes a
14. ROBERT R. FALLONI, PRESID	ENT
(Typed or printed name and capacity of p	erson signing application)

Commonwealth & Urginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That PTAC Operating Centers, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is September 22, 2006;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORATION COMMISSION

Signed and Sealed at Richmond on the Date:
October 18, 2011

Joel H. Peck, Clerk of the Commission