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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

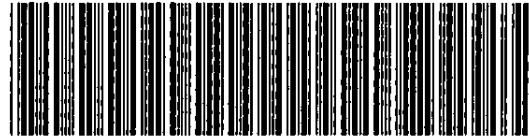
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -9 PM 3:10

TS. 1/15/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Odom Construction Systems, 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:

Melinda O. Sands

Name of Person

Odom Construction Systems, Inc.

Firm/Company

P O Box 20146

Address

Knoxville, TN 37940

City/State and Zip code

melinda.sands@odomconstruction.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Sands

Name of Person

at (865) 579-5015

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. Odom Construction Systems, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

OCSSteel

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TN

(State or country under the law of which it is incorporated)

3. 62-1216379

(FEI number, if applicable)

4. 7-26-1984

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2014

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

7. 1430 Island Home Avenue, Knoxville, TN 37920

(Principal office address)

P O Box 20146, Knoxville, TN 37940

(Current mailing address)

8. outside sales for contracting business

(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: **Jeff Nardi**

Office Address: **1028 Isle of Palms Dr**

Fernadina Beach

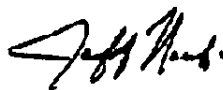
(City)

, Florida **32034**

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

A. DIRECTORS

Chairman: Per attached listing

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Per attached listing

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Melinda O. Sands

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Melinda O. Sands, CFO

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

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ODOM CONSTRUCTION SYSTEMS, INC.
CORPORATION ANNUAL REPORT

BOARD OF DIRECTORS:

Julian B. Odom	1430 Island Home Avenue Knoxville, TN 37920
Melinda O. Sands	1430 Island Home Avenue Knoxville, TN 37920
William P. Odom	1430 Island Home Avenue Knoxville, TN 37920
Daniel M. Odom	1430 Island Home Avenue Knoxville, TN 37920
Wanda K. Odom	3218 Best Road Maryville, TN 37803

ODOM CONSTRUCTION SYSTEMS, INC.
CORPORATION ANNUAL REPORT

OFFICERS:

President	Julian B. Odom	1430 Island Home Avenue Knoxville, TN 37920
Secretary/ Vice President (CFO)	Melinda O. Sands	1430 Island Home Avenue Knoxville, TN 37920
Executive Vice President (CEO)	William P. Odom	1430 Island Home Avenue Knoxville, TN 37920
Vice President/ Senior Estimator	Kenneth A. Kispert	1430 Island Home Avenue Knoxville, TN 37920
Vice President (COO)	Daniel M. Odom	1430 Island Home Avenue Knoxville, TN 37920
Vice President/ Branch Manager	Kurtis A. Cornett	300 Brookfield Drive Kingsport, TN 37763



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MELINDA O SANDS
1430 ISLAND HOME AVENUE
KNOXVILLE, TN 37920

January 5, 2014

Request Type: Certificate of Existence/Authorization

Request #: 0117235

Issuance Date: 01/05/2014

Copies Requested: 1

Document Receipt

Receipt #: 1254474

Filing Fee: \$22.25

Payment-Credit Card - State Payment Center - CC #: 153704525

\$22.25

Regarding: ODOM CONSTRUCTION SYSTEMS, INC.

Filing Type: Corporation For-Profit - Domestic

Formation/Qualification Date: 07/26/1984

Status: Active

Duration Term: Perpetual

Business County: KNOX COUNTY

Control #: 144474

Date Formed: 07/26/1984

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ODOM CONSTRUCTION SYSTEMS, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent corporation annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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