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COVER LETTER

	w Filing Secti vision of Corp				
	•	Engineeri	na. Inc.		
SUBJEC	l:			n - must include suffix	
Dear Sir or	Madam:				
"Certificate	e of Existence.	on by Foreign Co " or "Certificate corporation to t	of Good Sta	inding" and check are su	act Business in Florida," bmitted to register the
Please retu	rn all correspo	ondence concerni	ing this matte	er to the following:	
Matthe	ew Cline				
			Name of	Person	
Cline E	Engineer	ring, Inc.			
			Firm/Cor	npany	
PO Bo	x 21204	•			
Charle	ston, S0	29413	Addı	ress	
			City/State	and Zip code	
matt@d	clineeng.				
		E-mail address	: (to be used	for future annual report	notification)
For further	information c	oncerning this m	atter, please	call:	
Matthe	w Cline		at (843	991-7239	
Na	une of Person		Area	Code & Daytime Teleph	none Number
Nev Div Cli 266 Tal	w Filing Sectivision of Corp fton Building of Executive Clahassee, FL	orations Center Circle 32301		MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 7
Enclosed is	a check for th	ne following amo	ount:		
□ \$ 70.00 1	Filing Fee	☐ \$78.75 Filing Certificate of		3 \$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.

South Co	•	e adopted for the purpose of transacting business in Florida)
South Ca	y under the law of which it is incorporated)	(FEI number, if applicable)	_
07/27/20	•	perpetual	
'·	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	<u> </u>
. <u>N/A</u>			
•		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	hs app 27
609 Leisu	re Lane Mount Pleasant	t, SC 29464	્રે જ
	(Principal office ad		د_
PO Box 2	1204 Charleston, SC 294		- 1
	(Current mailing ad	ldress)	
Name and stre	, ,		3
. Name and <u>stre</u> Name:	(Current mailing ad et address of Florida registered agent: (P Corporation Service Comp	O. Box NOT acceptable)	11:30
Name:	et address of Florida registered agent: (P	O. Box NOT acceptable)	1:30
Name:	et address of Florida registered agent: (P Corporation Service Comp	O. Box NOT acceptable)	11:30
Name:	et address of Florida registered agent: (P Corporation Service Comp 1201 Hays Street	O. Box NOT acceptable)	H: 30
Name:	Corporation Service Comp 1201 Hays Street Tallahassee	O. Box NOT acceptable)	· 300
Name: Office Address: Registered ag Having been nan designated in this	Corporation Service Comporation Street 1201 Hays Street Tallahassee (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appoint omply with the provisions of all statutes	O. Box NOT acceptable) Oany , Florida 32301 (Zip code) rvice of process for the above stated corporation at the them the as registered agent and agree to act in this case relative to the proper and complete performance of	pacity
Name: Office Address: Office Address:	Corporation Service Comporation Street 1201 Hays Street Tallahassee (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appoin	O. Box NOT acceptable) Oany , Florida 32301 (Zip code) rvice of process for the above stated corporation at the them the as registered agent and agree to act in this case relative to the proper and complete performance of	pacity

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: _ Director: _ Address: Director: _ **B. OFFICERS** President: Matthew D. Cline Address: 609 Leisure Lane Mount Pleasant SC 29464 Vice President: Address: Secretary: _ Address: _ Treasurer: _ NOTE: If pacessary, you may attach an addendum to the application listing additional officers and/or directors. 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 felowy as provided for in s.817.155, F.S. 13. Matthew D. Cline

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CLINE ENGINEERING, INC.,

a corporation duly organized under the laws of the State of South Carolina on July 27th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 21st day of April, 2015.

Mark Hammond, Secretary of State