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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

Roberts & Associates, Inc.

SUBJECT: _____
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:

Matthew Roberts

Name of Person

Roberts & Associates, Inc

Firm/Company

2440 W. Lincoln Hwy

Address

Grand Island, NE 68803

City/State and Zip code

paular@robertspump.net

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

For further information concerning this matter, please call:

Matthew Roberts

at (308) 381-7736

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

Roberts & Associates, Inc.

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

Roberts & Associates, Corp.

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

2. Nebraska 3. 47-0760122
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/09/1992 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

9/1/2015

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

7. 810 S. Ruby Drive, Key Largo, FL 33037
(Principal office address)

2440 W. Lincoln Hwy, Grand Island, NE 68803

(Current mailing address, if different)

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

Name: Jack Roberts

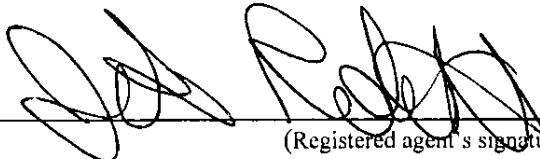
Office Address: 810 S. Ruby Drive

Key Largo, Florida 33037
(City) (Zip code)

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9. 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)

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: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Jack Roberts

Address: 810 S. Ruby Drive, Key Largo, FL 33037

Director: Raymond Roberts

Address: 16774 W. 13th St, Wood River, NE 68883

B. OFFICERS

President: Raymond Roberts

Address: 16774 W. 13th St, Wood River, NE 68883

Vice President: Matthew Roberts

Address: 4411 Quail Lane, Grand Island, NE 68801

Secretary: Julie Roberts

Address: 16774 W. 13th St, Wood River, NE 68883

Treasurer: Jacquelyn Roberts

Address: 810 S. Ruby Drive, Key Largo, FL 33037

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

12.  Vice President

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Matthew Roberts, Vice President

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

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11: Addt'l Directors

Director: Julie Roberts

Address: 16774 W. 13th St, Wood River, NE 68883

Director: Jacquelyn Roberts

Address: 810 S. Ruby Drive, Key Largo, FL 33037

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

ROBERTS & ASSOCIATES, INC.

**incorporated on October 9, 1992 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of
August 10, 2015

John A. Gale
Secretary of State