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Special Instructions to	Filing Officer:			





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SECRETARY OF STATE
SEAHASSEE, FLORIDA

OCT 15 2015

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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SURI	Thomas Grace Co	onstruction, Inc.						
5000		Name of corporation	on - must inc	lude suffix	· <del>-</del>			
Dear S	ir or Madam:							
"Certif	nclosed "Application by ficate of Existence," or ' referenced foreign corpo	Certificate of Good St	anding" and	check are sub				
	return all correspondend M. Caywood	ce concerning this matt	er to the foll	owing:				
		Name o	f Person	<u>.</u>				
Thoma	s Grace Construction, Inc.							
5605 M	1emorial Avenue North	Firm/Co	mpany					
Stillwa	ter, MN 55082	Add	ress					
licensir	ng@thomas-grace.com	City/State	and Zip cod	e				
	E-m	ail address: (to be used	for future a	nnual report	notification)			
For fur	ther information concer	ning this matter, please	call:					
Donna M. Caywood 651			705-3021					
	Name of Person	Area Co		aytime Telep	hone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
<b>\$</b> 70		8.75 Filing Fee & ertificate of Status	S78.75 F Certified		<ul><li>\$87.50 Filing Fee,</li><li>Certificate of Status &amp;</li><li>Certified Copy</li></ul>			

## 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. (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) (State or country under the law of which it is incorporated) Perpetual
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation, FL 33324 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. C T Corporation System

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.

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

*,* ,

A. DIRECTORS  Donald T. Harvieux			
Chairman: 5605 Memorial Avenue North			
Address:Stillwater, MN 55082			
Vice Chairman:  Janine L. Harvieux  Vice Chairman:			
Address: 5605 Memorial Avenue North			_
Stillwater, MN 55082			
Director:			
Address:			
	<u></u>		<del>_</del> _
Director:			
Address:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	2015	
	27 53 22 71 25 72	_8_	PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR
B. OFFICERS	SSE ASK	<u></u>	
President:	<u> </u>		
5605 Memorial Avenue North Address:	STA LOR	22	<u> </u>
Stillwater, MN 55082	Omi A	36	
Janine L. Harvieux Vice President:			
5605 Memorial Avenue North Address:			
Stillwater, MN 55082			
Donald T. Harvieux Secretary:			
5605 Memorial Avenue North, Stillwater, MN 55082 Address:			
Donna M. Caywood Treasurer:			
5605 Memorial Avenue North, Stillwater, MN 55082 Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/o	r direct	ors.
12. Algun M Good Treasurer			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affir are true and that he or she is aware that false information submitted in a document to the la third degree felony as provided for in s.817.155, F.S.  Donna M. Caywood, Treasurer			

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

THOMAS GRACE CONSTRUCTION,

INC.

Date Filed:

06/03/2002

File Number:

12E-863

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

09/25/2015



Oteve Pinn Steve Simon

Secretary of State State of Minnesota