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COVER LETTER

TO:	Registration Section Division of Corporation	s			
	Capitol Construction				
SUBJ	JECT:	Name of appoint			
		name of corporati	on -	must include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by F ficate of Existence," or "C referenced foreign corpor	Certificate of Good St	tanc	ling" and check are sub	
Please Pam F	return all correspondence Rider	concerning this mat	ter	to the following:	
•	-	Name o	of P	erson	
Capito	l Construction Solutions, Inc				
11051	Village Square Lane	Firm/Co	omp	any	
Fisher	Indiana 46038	Ad	dres	es	
prider(@capitolconstruct.com	City/State	an	d Zip code	
	E-ma	il address: (to be use	d fo	or future annual report r	otification)
For fu	rther information concern	ing this matter, pleas	e ca	ıll:	
Pam R	ider	317		574-5488	
·	Name of Person	at (Area C			none Number
Enclos	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301 sed is a check for the follow	s Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	0.00 Filing Fee	3.75 Filing Fee & rtificate 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

REGISTER A FOR Capitol Construct		STATUTES, THE FOLLOWING IS SUBMITTED TO IT BUSINESS IN THE STATE OF FLORIDA.		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	ne adopted for the purpose of transacting business in Florida)		
Indiana	iore in Florida, enter alternate corporate nati	27-1282322		
2. (State or country under the law of which it is incorporate 11/5/2009		(FEI number, if applicable) Perpetual		
4(Date	of incorporation)	5(Date of duration, if other than perpetual)		
6.				
11051 Village Sq.		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
	(Prin	cipal office address)		
		<u> </u>		
	(Current ma	iling address, if different)		
8. Name and stree	et address of Florida registered agent: (I	P.O. Box NOT acceptable)		
Name:	Business Filings Incorporated	SYCOM		
Office Address:	1200 South Pine Island Road			
Other radios.	Plantation	33324 S S S S S S S S S S S S S S S S S S S		
	(City)	(Zip code)		

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.

Mary & Spolinger, Asst. Sec. for Business Filings Incorporated
(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 Jon Robinson Chairman: 11051 Village Square Lane Address: Fishers, Indiana 46038 Vice Chairman: ____ Terry Clark Director: 11051 Village Square Lane Address: Fishers, Indiana 46038 Jeff Lindbloom Director: 11051 Village Square Lane Address: Fishers, Indiana 46038 **B. OFFICERS** Jon Robinson President: 11051 Village Square Lane Address: Fisher, Indiana 46038 Jeff Lindbloom Vice President: 11051 Village Square Lane Address: Fishers, Indiana 46038 Terry Clark Secretary: 11051 Village Square Lane Fishers, Indiana 46038 Address: Jon Robinson Treasurer: 11051 Village Square Lane Fishers, Indiana 46038 Address: NOTE: If necessary, 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 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. Jon Robinson - President

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

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

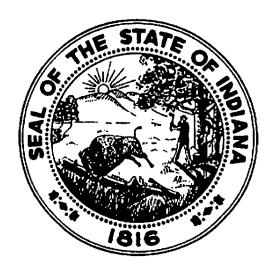
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

CAPITOL CONSTRUCTION SOLUTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 03, 2009, and was in existence or authorized to transact business in the State of Indiana on February 05, 2016.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of February, 2016.

Corrie Lawson

Connie Lawson, Secretary of State

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