(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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AUG 0 1 2016 S. YOUNG

### **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	DE CONCILLE TIME Name of corporati	on - must include suffix	es Inc		_
Dear Sir or Madam:					
"Certificate of Exister	ation by Foreign Corporation face," or "Certificate of Good Sign corporation to transact busings	tanding" and check are su			
Please return all corre	spondence concerning this mat	ter to the following:			
	Kelli Si	intono			
	Name	of Person			_
	DE Marin	White & Co			
	Firm/Co			<del></del>	が出
	1550 EAH 1	Kirket Street		بن <u>ب</u>	PER PER
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	City/State	and Zip code			- TO
Kelne Liwhite coa. com				5:	유로
	E-mail address: (to be use		notification)	<u> </u>	_ (M)
For further informatio	n concerning this matter, pleas	e call:	r		
Kelly San Name of Pers	on at ( 1)	1 845 - 860 Ode Daytime Tele	do phone Number	-	
Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		
Enclosed is a check for	or the following amount:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filin Certificate Certified C	of Statu	s &

## 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) (FEI number, if applicable) 13012010 (Date of incorporation) (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) (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. Vincent Jenifer Vincent, VP and Asst. Sec.
(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:		
Address:		
Vice Chairman:		
Address:		
Divini		
Director:	,	
Address:		
Director:		
Address:		
7.203.000.		
B. OFFICERS	ಕ	FAL
President: Max Eberly	<u></u>	一定
1920 New Dan Dond	28	7.7.7. (2.7.7.1
Von Dr Muna	PK	FIR
Vice President:	2	一
Address:	<u>-</u>	
Auu voo.	······································	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the applic	ation listing additional officers and/or directors.	
12.		
Signature of Director. The officer or director signing this document (and who is listed are true and that he or she is aware that false information submit a third degree felony as provided for in s.817.155, F.S.	n number 11 above) affirms that the facts stated	
13. Compared to the compared consists of	norron cigning application)	

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/20/2016

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Yoe Concrete Industrial Services, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

CALLANIASSEE, FLURIUM



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160720120778-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx