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M. MILLIGAN
OCT 2 7 2016

COVER LETTER

TO: Registration Section Division of Corporations								
ED CONTRACTORS, INC.								
SUBJECT:								
Name	of corporation	- must include suffix						
Dear Sir or Madam:								
	te of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.						
Please return all correspondence concer EDGARDO VEGA	ning this matter	to the following:						
ED CONTRACTORS INC	Name of I	Person						
ED CONTRACTORS, INC								
8320 COMMERCE WAY #812	Firm/Com	pany						
	Addre	SS						
MIAMI LAKES, FL 33016								
EDGARDO.VEGA@OUTLOOK.COM	City/State ar	nd Zip code						
E-mail addre	ss: (to be used f	or future annual report notification)						
For further information concerning this	matter, please c	all:						
EDGARDO VEGA 787 944-3702								
Name of Person	at (Area Code							
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following an	nount:							
☐ \$70.00 Filing Fee ☐ \$78.75 Fili Certificate		\$78.75 Filing Fee & Sertified Copy Sertified Copy 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.

ED CONTRACTORS, INC.

1.

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

ED CONTRACTORS USA, INC

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

2.

(State or country under the law of which it is incorporated) (FEI number, if applicable) 02/07/2005

5,		
(Date of duration, if other than perpet		
business in Florida, if prior to registration)		
1 & 607.1502, F.S., to determine penalty liability)		
33016		
(Principal office address)		
(· · · · · · · · · · · · · · · · · · ·		
l		

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

(City)

EDGARDO VEGA

Name:

8320 COMMERCE WAY #812

Office Address:

MIAMI LAKES

33016

a ____

(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.

(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 **EDGARDO VEGA** Chairman: 8320 COMMERCE WAY #812 Address: MIAMI LAKES, FL 33016 Vice Chairman: Address: Director: Address: ____ Director: Address: B. OFFICERS EDGARDO VEGA President: 8320 COMMERCE WAY #812 Address: MIAMI LAKES, FL 33016 Vice President: Address: Secretary: ___ Address: Treasurer: 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. EDGARDO VEGA 13.

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

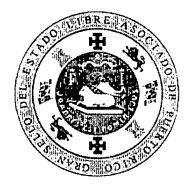


Commonwealth of Puerto Rico DEPARTMENT OF STATE San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, VÍCTOR A. SUÁREZ MELÉNDEZ, Secretary of State of the Commonwealth of Puerto Rico.

CERTIFY: That, **ED CONTRACTORS, INC.**, register number **149962**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **February 7**, **2005**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan. Puerto Rico, today, October 13, 2016.

VÍCTOR A. SUÁREZ MELÉNDEZ Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 13-Oct-2017.

Certificate Validation Number: 180267-68599540