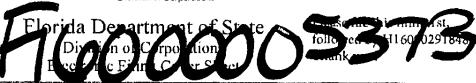
12/5/2016

Division of Corporations

Please file this filing 1st, followed by H160002918483. Thank you!



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000296935 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

: (614)280-3338

Phone

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:				
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FOREIGN PROFIT/NONPROFIT CORPORATION

Cyma Builders & Construction Managers, Inc.

Please file this filing 1st, followed by H160002918483. Thank you!

	Name and desired the Control of the
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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https://efile.sunbi2.org/scripts/efilcovr.exe

1/1

COVER LETTER

TO: Regis	tration Section of Corp				
SUBJECT:	CYMA BU	JILDERS & CON	STRUCTION M	IANAGERS, INC.	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Name	of corporation	- must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence		of Good Stan	Authorization to Transa ding" and check are subss in Florida.	
Please return	ali correspo	indence concern	ing this matter	to the following:	
Michael Siege	I				
<u> </u>		· · · · · · · · · · · · · · · · · · ·	Name of I	Person	
CYMA BUILI	DERS & CO	NSTRUCTION N	ianagers, d	IC.	
			Firm/Com	pany	
725 Skippack	Pike Ste 230	ı			
~~~			Addre	:S\$	· · · · · · · · · · · · · · · · · · ·
Blue Bell, PA					
<u> </u>			City/State a	nd Zip code	·
msiegel@cym	abuilders.co				
		E-mail addres	s: (to be used !	or future annual report	notification)
For further in	formation o	concerning this r	natter, please o	call;	
Michael Siego	ıl.		215	646-7740	
Nam	e of Person		Area Cod	e Daytime Telep	shone Number
Regi: Divis Clifto 2661 Talla	stration Section of Corpon Building Executive thassee, FL	corations Center Circle 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a	check for t	he following am	ount:		
⅓ \$70.00 Fi	ling Fee	\$78.75 Filis Certificate		\$78.75 Filing Fee & Certified Copy	S87.50 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.

1. CYMA BUILD	ERS & CONSTRUCTION MANAGERS, IN	c.		
(Enter name of c	ERS & CONSTRUCTION MANAGERS, INcorporation; must include "INCORPORATED, forp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. Pennsylvania	. 3.	23-2709153		
(State or country 12/29/1992	y under the law of which it is incorporated) 5.	(FEI number, if applicable)		
· · · · · · · · · · · · · · · · · · ·	of incorporation)	(Date of duration, if other than perpetual)		
б				
7. 725 Skippack Pik	(SEE SECTIONS 607.1501 & 607.1 te Ste 230 Blue Bell, PA 19422	in Florida, if prior to registration) 502, F.S., to determine penalty Hability)		
	(Princi	pal office address)		
<u></u>	(Current maili	ng address, if different)		
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	C T Corporation System	Managements of		
Office Address:	1200 South Pine Island Road	·		
	Plantation	, Florida 33324		
	(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.

C.T Corporation System

By: Jordan Brown Assistant Secretary
(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: AMDIRECTORS Chairman: James Obermeier 725 Skippack Pike Suite 230 Address: Blue Bell PA 19422 Vice Chairman: Michael Royce Address: 725 Skippack Pike Suite 230 Blue Bell PA 19422 Director: Address: Director: B. OFFICERS James Obermeier President: 725 Skippack Pike Suite 230 Address; Blue Bell PA 19422 Vice President: Michael Royce 725 Skippack Pike Suité 230 Address: Blue Bell PA 19422 Secretary: Treasurer: NOTE: If necessary, you may attach and defidure 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

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

FL019 - 5/5/2015 Wolzele Kikwee Optime

President 🗻

a third degree felony as provided for in s.817.155, F.S.

Junes Obermeier

5001

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 12/02/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

100 HEREBY CERTIFY THAT,

CYMA BUILDERS & CONSTRUCTION MANAGERS, 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.



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: TSC161202151296-1

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