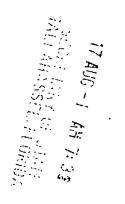
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### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SHRJ	Hi-Lite Markings	, Inc.				
170170		Name of corpora	tion - 1	nust include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or " referenced foreign corpo	Certificate of Good.	Standii	ig" and check are sub		
Please Dan R	return all correspondenc	ee concerning this ma	itter to	the following:		
		Name	of Pei	rson		
Hi-Lite	e Airfield Services, LLC					
PO Bo	x 460	Firm/C	Compa	ny		
		Α	ddress		<del></del>	
Adams	S Center, NY 13606					
finance	e@hi-lite.com	City/Sta	te and	Zip code		
	E-m	ail address: (to be us	ed for	future annual report i	notification)	
For fu	rther information concer	ning this matter, plea	ise call	:		
Dan Robl		315	,	583-6111 Ext 250  de Daytime Telephone Number		
	Name of Person	Area (	/ Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the foll	owing amount:				
<b>3</b> \$70		78.75 Filing Fee & Fertificate of Status		78.75 Filing Fee & Tertified 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.

Hi-Lite Markings, Inc.							
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"					
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	s in Florida)				
Texas 2.	3.	16-1381276					
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)					
12/10/2013 4.	5.	Perpetual					
(Date	of incorporation)	(Date of duration, if other than perpetual)					
N/A 6.							
~	(SEE SECTIONS 607.1501 & 607.1501) (SEE SECTIONS 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)					
·	(Principal office address)						
PO Box 460, Ada	ams Center, NY 13606						
·	(Current mailing address, if different)						
8. Name and stree	t address of Florida registered agent: (P.C COGENCY GLOBAL INC.	O. Box <u>NOT</u> acceptable)	TZ AUG -				
Office Address:	115 North Calhoun Street, Suite 4	_ <del></del>	TO BE				
	Tallahassee	32301 S	95 H				
	(City)	(Zip code)	Call Call				

#### 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.

Tim Mayville, 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: A. DIRECTORS John S. McNeely Chairman: 18249 Hi-Lite Drive Adams Center, NY 13606 Address: \_ Vice Chairman: Address: \_\_\_\_\_\_ Director: \_ **B. OFFICERS** John S. McNeely President: 18249 Hi-Lite Drive Adams Center, NY 13606 Chief Financial Officer/Treasurer Theodore Misiewicz 18249 Hi-Lite Drive Adams Center, NY 13606 Address: Kelly J. Spinner Secretary: \_\_ Secretary Address: \_ Chief Financial Officer/Treasurer Theodore Misiewicz Treasurer: 18249 Hi-Lite Drive Adams Center, NY 13606 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 fisted in number 14 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. Kelly J. Spinner Secretary



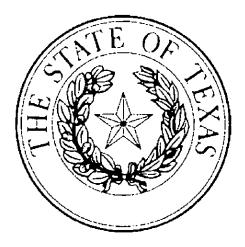
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Hi-Lite Markings, Inc. (file number 801896063), a Domestic For-Profit Corporation, was filed in this office on December 10, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 14, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB

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Rolando B. Pablos Secretary of State