F180000349

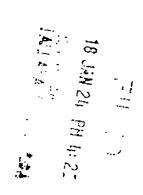
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u></u>					

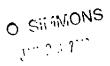
Office Use Only



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01/23/18--01019--013 **78.75





COVER LETTER

TO:	Registration Section Division of Corporations				
<i></i>	Tier I Utility Design.	Inc.			
SORI	ECT:	Name of corporation	ı - must include suffix		
Dear S	Sir or Madam:	·			
"Certi	nclosed "Application by For ficate of Existence," or "Cer referenced foreign corporat	rtificate of Good Sta	nding" and check are sul		
	return all correspondence c M. Klein	oncerning this matte	r to the following:		
		Name of	Person		
Tier I	Utility Design, Inc.				
6 Com	imerce Drive, Suite 200	Firm/Con	npany		
Readir	ng. PA 19607	Addı	ess		
jklein(@t1utilitydesign.com	City/State a	and Zip code		
	E-mail	address: (to be used	for future annual report	notification)	
For fu	rther information concerning	g this matter, please	call:		
Jeanne M. Klein 610		,	603-5445		
	Name of Person	at (Area Coo	le Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check for the follow	ing amount:			
□ \$70		75 Filing Fee & ificate 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

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 c	orporation; must include "fNCORPORATED," " forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail Pennsylvania	able in Florida, enter alternate corporate name add	opted for the purpose of transacting l 7-5571411	pusiness in Florida)
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other th	an perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ve, Suite 200, Reading, PA 19607 (Principal	lorida, if prior to registration) 2. F.S., to determine penalty liability office address)	
	(Current mailing a	address, if different)	F
. Name and <u>stree</u> Name:	t <u>address</u> of Florida registered agent: (P.O. I Joseph All e n	Box <u>NOT</u> acceptable)	PN 4: 30
	2152 Sun Bluff Court	-	30
ffice Address:		<u> </u>	.350

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 Chairman: _____ Vice Chairman: Address: __ Address: _ Director: _ **B. OFFICERS** Jeanne M. Klein President: 14 Hidden Pond Address: _ Reading, PA 19607 Vice President: Address: _ Garv A. Klein Secretary: 14 Hidden Pond, Reading, PA 19607 Address: _ Gary A. Klein Treasurer: 14 Hidden Pond Drive, Reading, PA 19607 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.

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/19/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Tier 1 Utility Design 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

Acting Secretary of the Commonwealth

Certification Number: TSC180119151688-1

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