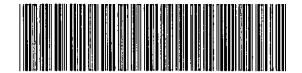
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## **COVER LETTER**

_	ration Section on of Corporations			
SUBJECT:	McLean Contracting C	Company	<u></u>	
	Name of	corporation - mu	st include suffix	
Dear Sir or Ma	adam:			
"Certificate of	'Application by Foreign Corp Existence," or "Certificate of ted foreign corporation to tra	f Good Standing	and check are submi	
Please return a	all correspondence concernin	g this matter to th	e following:	2020 OCT
		Paula Sidlowski		學品工
		Name of Perso	on	19
	McLe	an Contracting	Company	me p [11
		Firm/Company	,	PH 4: 4: FLORI
		6700 McLean V	Vay	<u> </u>
		Address		
		Glen Burnie, MI		
		City/State and Z	ip code	
			contracting.com	Military (market)
	E-mail address:	(to be used for tu	ture annual report no	uncation)
For further inf	formation concerning this ma	tter, please call:		
Paula Sie	dlowski	nt ( 443 _) _	270-5903	
Name	e of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounted payable to: FLORIDA DE ing Fee	PARTMENT OF $\Box$ \$78	STATE 8.75 Filing Fee & rtified 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 co	tracting Company rporation; must include "INCORPORATED,"	"COMPANY," "CORPORATI	ON,"	
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transac	eting business in Florida)	
2. Delaware		52-0409895		
(State or country	under the law of which it is incorporated)	(FEI number, if	applicable)	
11/26/1932	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
5.				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)	
7.	6700 McLean Way G	len Burnie, MD 21060	# 2 <u>2</u>	
	(Principal offic	e <u>street</u> address)	T I	
	(Current mailing	g address, if different)	T 9 P	
8. Name and <u>stree</u>	t address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	ED PH 4: 47	
Name:	CT Corporation System	<del></del>	ラボ ユ	
Office Address:	1200 South Pine Island Road	_ <del></del>	,	
	Plantation	, Florida <u>33324</u> (Zip code)		
	(City)	(Zip code)		
designated in this further ugree to co	nt's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and a lative to the proper and comp	gree to act in this capacity. I	
		Kimberly Bowens,	Assistant Secretary	
	(Registered agent's si	gnature)		

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.

□Chairman	Name: Michael W. Hart	□ Chairman	Name: Joseph W. Hoffmann
□Vice Chairman	Address: 6700 McLean Way	□Vice Chairman	Address: 6700 McLean Way
□Director	Glen Burnie, MD 21060	□Director	Glen Burnie, MD 21060
<b>∑</b> President		□President	
□Vice President		<b>∑</b> Vice President	
☐Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name: Paula Sidlowski	□Chairman	Name:
□Vice Chairman	Address:6700 McLean Way	☐ Vice Chairman	Address:
□Director	Glen Burnie, MD 21060	□Director	
□President		□President	
□Vice President		_ □ Vice President	2020 -
□Secretary	☑Treasurer	□ Secretary	2020 OCCUPET TO SECURITY OF THE SECURITY OF TH
Other	Other	Other	
□ Chairman	Name:		Name:
□ Vice Chairman □Director	Address:	□ Director	Addicss
		_ □President	
□ President □ Vice President		□Vice President	
Secretary	□Treasurer	Secretary	☐ Treasurer
Other	_		□Other
individuals may be	Use an attachment to report more than six (6). Tadded to the index when filing your Florida I.  When the standard of D.  Signature of D.	epartment of State Annual R	ed for reporting purposes only. Non-indexed eport form.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MCLEAN CONTRACTING COMPANY" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCLEAN CONTRACTING COMPANY" WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF....

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE.

Authentication: 203768303

Date: 09-30-20

318429 8300 SR# 20207556218