

3/10/2021

Division of Corporations

F21000001331

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000097225 3)))



H210000972253ABC

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**Subsurface Constructors Incorporated**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED
2021 MAR 10 PM 2:19

Electronic Filing Menu

Corporate Filing Menu

Help

SBF
3/11/21

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.

SUBSURFACE CONSTRUCTORS INCORPORATED

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

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

2. MISSOURI 3. 43-0716061
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/03/1956 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 101 ANGELICA STREET, SAINT LOUIS, MO 63147
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System

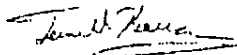
Office Address: 1200 South Pine Island Road

Plantation, 33324
(City) , Florida (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: _____

(Registered agent's signature) Terrell Kearney Assistant Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: JAMES B. MORGAN
_____Address: 101 ANGELICA STREET
_____SAINT LOUIS, MO 63147
_____Director: JEFFREY B. MORGAN
_____Address: 101 ANGELICA STREET
_____SAINT LOUIS, MO 63147
_____**B. OFFICERS**President: JAMES B. MORGAN
_____Address: 101 ANGELICA STREET
_____SAINT LOUIS, MO 63147
_____Vice President: JEFFREY B. MORGAN
_____Address: 101 ANGELICA STREET
_____SAINT LOUIS, MO 63147
_____Secretary: JAMES B. MORGAN
_____Address: 101 ANGELICA STREET, SAINT LOUIS, MO 63147
_____Treasurer: JAMES B. MORGAN
_____Address: 101 ANGELICA STREET, SAINT LOUIS, MO 63147

see attached list

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12.  CFO

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.

13. ALBERT E. LAUDEL, CFO

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

Addendum listing additional officers and/or directors.

B. ADDITIONAL OFFICERS

CFO: ALBERT E. LAUDEL

Address: 101 ANGELICA STREET, SAINT LOUIS, MO 63147

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

SUBSURFACE CONSTRUCTORS INCORPORATED

00087225

A Missouri entity was created under the laws of this State on 4/3/1956, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 9th day of March, 2021.


Secretary of State

Certification Number: CERT-IN65112

