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COVER LETTER

TO:	_	on Section of Corporations				
SUBJ	ECT:	Clearwater Construc	ction, Inc			
., 0 ., ,		Name of co	rporation - must ir	iclude suffix		
Dear S	Sir or Mada	m:				
"Centi	ficate of Ex	plication by Foreign Corpora istence." or "Certificate of G foreign corporation to transa	iood Standing" and	ficheck are sub		
Please	return all c	orrespondence concerning th	is matter to the fo	llowing:		
		M	ark Schrader			
		}	Name of Person			
		Clearwa	ater Constructio	on, Inc	· <u>-</u>	2
		12	irm/Company			-
		104	0 Perry Highwa	ау		•
Address		:	,			
		M	lercer, PA 1613	7		•
		Cit	y/State and Zip co	de	· .	
		-	clearwaterconst		•••	. '
		E-mail address: (to	be used for future	annual report	notification)	
For fu	rther inform	nation concerning this matter	, please call:			
Mark	Schrade	ot (724)_300-	1656		
	Name of			Daytime Telep	hone 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		Section orporations 7			
Please		ck for the following amount: payable to: FLORIDA DEPAF Fee	2 & □ \$78.75	Filing Fee &	\$87.50 Filing Certificate of Certified Cop	Status d

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.

	onstruction Inc rporation: must include "INCORPORATED," rp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"	
Clearwater C			
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)
PA	3.	81-0626623	
(State or country	3. under the law of which it is incorporated)	(FEI number, if applic	rable)
7/21/2003		(Date of duration, if other than	
(Date	of incorporation)	(Date of duration, if other than	ı perpetual)
NA		<u> </u>	<u></u>
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	1040 Perry	Highway Mercer, PA	10137
	(Principal offi	ce <u>street</u> address)	·
	(Current mailir	ig address, if different)	
			~;
Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	CT Corporation System		I
ffice Address:	1200 South Pine Island Rd		, •
mee Address.		22224	•
	Plantation (City)	, Florida <u>33324</u> (Zip code)	<u></u>
	(City)	(21) 2000)	·
laving been namesignated in this	nt's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r with and accept the obligations of my po	nent as registered agent and agree (relative to the proper and complete)	to act in this capacity.

under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Name: Dave Cochran	⊟Chairman	Name: Gary G	orski			
□Vice Chairman	Address: 1040 Perry Highway	□Vice Chairman	Address: 1040	Perry Highway			
□Director	Mercer, PA 16137	□Director	Mei	cer, PA 16137			
⊘ President		□President					
□Vice President		□Vice President					
⊋Secretary	☑Treasurer	□Secretary		□Treasurer			
□Other	□Other	⊠Other CEO	<u></u>	□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President		***			
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		☐ Treasurer			
□Other	□Other	□Other		□Other			
				(~)			
□Chairman	Name:	□Chairman	Name:				
□ Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		Director					
□President		□President		<u> </u>			
□Vice President		□Vice President		· d			
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
12. Miled (CCA 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 of 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. David (cchyan)
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/02/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CLEARWATER CONSTRUCTION, 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.

THE CONTRACTOR OF THE CONTRACT

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: TSC210302110991-1

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