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(R	equestor's Name	)				
(A	ddress)					
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(C	ity/State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	es of Status				
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	FCT: MONALOH BASIN ENGIN	SEERS, INC.						
3000		of corporation	- must include suffix					
Dear S	ir or Madam:							
"Certif		of Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.					
Please	return all correspondence concerni	ing this matter	to the following:					
ERIC R	t. JAHN							
		Name of	Person					
MARK	OVITZ DUGAN & ASSOCIATES							
		Firm/Con	pany					
1001 E	AST ENTRY DRIVE							
		Addre	ess					
PITTBU	JRGH, PENNSYLVANIA 15216							
		City/State a	nd Zip code					
ERICJ@	DMDA-CPA.COM							
	E-mail address	s: (to be used f	or future annual report notification)					
For furt	ther information concerning this m	atter, please o	all:					
ERIC R	. JAHN	at (412	752-2061					
	Name of Person	Area Code	Daytime Telephone 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						
Please m	d is a check for the following amo take check payable to: FLORIDA DE 300 Filing Fee \$78.75 Filing Certificate o	EPARTMENT g Fee &	OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

, MO	MONALOH BASIN ENGINEERS, INC.						
(Ente	r name of corporation; must include ""Co.," "Corp," "Inc," "Co," or "Co	"INCORPORATED," "C rp.")	OMPANY," "CORPORATIO	ON,"			
	me unavailable in Florida, enter alte	rnate corporate name adop	ted for the purpose of transact	ing business in Florida)			
- <del>2</del>	NSYLVANIA	3,					
(State or country under the law of which it is incorporate		it is incorporated)	(FEI number, if a	ipplicable)			
4. MA			PERPETUAL				
	(Date of incorporation)		(Date of duration, if other than perpetual)				
6. HAVE NOT TRANSACTED BUSINESS IN FLORIDA TO DATE.							
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
300 B	USINESS CENTER DRIVE, SUITE			iity)			
7		(Principal office st					
			- <del></del>				
		(Current mailing add	lress, if different)	2021 SŞ1			
8. Name	and street address of Florida reg	gistered agent: (P.O. Bo	x <u>NOT</u> acceptable)	APR.			
	Name: BUSINESS FILINGS		<del></del> , , ,	3 1			
Office A	address: 1200 SOUTH PINE IS	LAND ROAD					
	PLANTATION		Florida 33324	AMII: 21			
	(C	ity)	(Zip code)	E 8			

#### 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.

Brenno Rutter, Osst. 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.

#### A. DIRECTORS MASTANEH PAUL ☐ Chairman □Chairman Name: 300 BUSINESS CENTER DR □Vice Chairman Address: □Vice Chairman Address: STE 304 ■ Director □ Director PITTSBURGH, PA 15205 □ President President □Vice President □Vice President ☐ Secretary Treasurer ☐ Secretary □Treasurer Other \_\_\_\_ Other \_\_\_\_ Other \_\_\_\_\_ Other MASTANEH PAUL ☐ Chairman □ Chairman Name: 300 BUSINESS CENTER DR □ Vice Chairman Address: □Vice Chairman Address: **STE 304** □ Director □Director PITTSBURGH, PA 15205 ■ President □President □Vice President □Vice President □ Secretary □Treasurer ☐ Secretary ☐Treasurer ☐Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ CHRISTOPHER A. INSANA □ Chairman Name: Chairman Name: 300 BUSINESS CENTER DR □ Vice Chairman Address: □Vice Chairman Address: STE 304 Director □ Director PITTSBURGH, PA 15205 ☐ President □ President □ Vice President \_\_\_ □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer CONTROLLER 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. Christopher A. Insona 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. CHRISTOPHER A. INSANA

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

04/07/2021

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MONALOH BASIN ENGINEERS, 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 COUNTY OF TH

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: TSC210407080136-1

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