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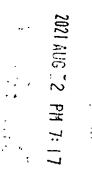
(Re	questor's Name)			
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(Cit	y/State/Zip/Phone #	¥)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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23/3/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Advanced Fabrication Services, Inc.	
Name of corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	for Authorization to Transact Business in Florida." Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this m	natter to the following:
Rosemary T. Schopfer	
Nam	ne of Person
Advanced Fabrication Services, Inc.	
Firny	/Company
PO Box 170	202
	Address AUG
Lemoyne, PA 17043	
City/St	tate and Zip code \sim
ischopfer@afsenergy.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, plo	ease call:
Mark T. Leach	763-0286 x 103 a Code Daytime Telephone Number
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 Tailahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM S70.00 Filing Fee Certificate of Status	5

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	rporation; must include "INCORPORATED." " rp," "Inc." "Co," or "Corp.")	COMPANY, CORPORATION,	
AFS Energy Sys			
(If name unavaila	ble in Florida, enter alternate corporate name ade	opted for the purpose of transacting busines	ss in Florida)
Pennsylvania	3.		
(State or country	3	(FEI number, if applicable)	
June 24, 1994	5.		<u>.</u>
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
			.,,
	(Date first transacted business in F	lorida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 420 Oak Street, Lemoyne, PA 17043		· :	
20 Oak Street, L	(Principal office	street address)	· · · · · · · · · · · · · · · · · · ·
PO Roy 170 Tec		<u>acce.</u> addies2)	,
PO Box 170, Lemoyne, PA 17043 (Current mailing address, if different)			
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
	et address of Florida registered agent: (P.O. Registered Agents Inc.	Box NOT acceptable)	
Name:		Box NOT acceptable) —	
	Registered Agents Inc.		

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.

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				O. 1	
□ Chairma n	Name: Mark T. Leach	Chairman	Name:		
□Vice Chairman	Address:	■ Vice Chairman	Address:	Bordeaux Court	
□Director	Harrisburg, PA 17111	□ Director	Harrisburg, P	A 17112	
President		□lPresident			
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary		□Ticasurer	
Other	Other	Other		Other	
□Chairman	John A. Frailey	Chairman	Name:		
■ Vice Chairman	17 Ray Road Address:		Address:		
☐Director	Middletown, PA 17057	Director			
□President		□President			
□Vice President		_ □Vice President		<u> </u>	
■ Secretary	≅ Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		□Other = 1	
					5
Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	_ □ Vice Chairman	Address:		<u>ب</u> د ب
Director		Director		1	
□President		President			
□Vice President		Vice President	<u></u>		
□ Secretary	□Treasurer	Secretary		□Treasurer	
□Other	Other	Other		□ Other	
Important Notice, individuals may	Use an attachment to report more than six (6) to added to the index when filing 50.7. Florida I	Department of State Annual R	eport form.		-indexed
12.	Signature of I	Director or Officer			
The officer or direction she is aware that s.817.155, F.S.	ector signing this document (and who is listed is false information submitted in a document to the	in number 11 above) affirms (ne Department of State constit	hat the facts stautes a third deg	ted herein are true ar ree felony as provide	nd that he o ed for in

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 07/29/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

ADVANCED FABRICATION SERVICES, 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: TSC210729090244-1

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