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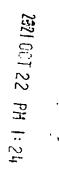
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COVER LETTER

	CO: Registration Section Division of Corporations						
	Advanged Construction 5	Robotics, Inc.					
Name of corporation - must include suffix							
Dear Si	r or Madam:						
"Certifi	losed "Application by Foreign C cate of Existence," or "Certificat eferenced foreign corporation to	te of Good Stand	ing" and check are sub				
Please r	eturn all correspondence concer	ning this matter t	o the following:				
Mary K	ay Dods						
		Name of P	erson				
		_					
		Firm/Comp	any				
1000 Joh	ın RoeblingWay						
		Addres	S		<u>م</u>		
Saxonbu	rg, PA 16056				.921		
		City/State and	d Zip code		1921 OCT 22		
m_dods(@brayman.com				. 22		
	E-mail addres	ss: (to be used fo	r future annual report n	notification)			
For furt	her information concerning this	matter, please ca	H:		PH 1		
Ryan Pa	rker	724) 443-1533	· 	: 24		
Name of Person Area Co		Area Code	Daytime Telepl	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				
Please m	d is a check for the following am ake check payable to: FLORIDA I 00 Filing Fee \(\sum \frac{\subset}{5}\) \$78.75 Fili Certificate	DEPARTMENT (ng Fee & 🗵	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate of Certified Co	of Status &		

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.

(State or country under the law of which it is incorporated) 11/17/16 (Date of incorporation) (Date of duration, if other than perpetual) 10/15/2021 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2500 S. Noah Dr. Saxonburg, PA 16056 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Tils North Calhoun Street, Suite 4 Tallahassee , Florida (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this caparither agree to comply with the provisions of all statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the stat	(If name unavail	able in Florida, enter alternate corporate name ad-			
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Cate of duration, if other than perpetual) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Current mailing address, if different) Name: (Current mailing address, if different) (Curr	Delaware 		81-4730996 3.		
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2500 S. Noah Dr. Saxonburg, PA 16056 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Tallahassee Tallahassee Tallahassee Tallahassee (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capsion of the provisions of all statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the statutes relative to the proper and complete performance of the proper and complete per	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
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(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc.	2500 S. N	oah Dr. Saxonburg, PA 16056			
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aving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this caps wither agree to comply with the provisions of all statutes relative to the proper and complete performance of in	Name:	et address of Florida registered agent: (P.O. I Cogency Global Inc. 115 North Calhoun Street, Suite 4	Box <u>NOT acceptable)</u>	2821 OCT 22	
	Name: ffice Address:	cet address of Florida registered agent: (P.O. I Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City)	Box <u>NOT acceptable)</u>		
	Name: ffice Address: Registered aga aving been nam esignated in this rther agree to co	ct address of Florida registered agent: (P.O. I Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) cent's acceptance: seed as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) , Florida \(\frac{32301}{(\text{Zip code})} \) of process for the above stated corports as registered agent and agree to active to the proper and complete perfe	pration at the. ct in this cape	
	Name: ffice Address: Registered againg been namesignated in this rther agree to contact the second contact	et address of Florida registered agent: (P.O. I Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment of a service of all statutes relative with and accept the obligations of my positive with and accept the obligations of my positive constructions.	Box NOT acceptable) , Florida \(\frac{32301}{(\overline{Zip code})} \) of process for the above stated corports as registered agent and agree to active to the proper and complete perfeion as registered agent.	oration at the. ct in this cape	
Colleen Hunes	Name: ffice Address: Registered age faving been namesignated in this orther agree to contact.	et address of Florida registered agent: (P.O. I Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointment of a service of all statutes relative with and accept the obligations of my positive with and accept the obligations of my positive constructions.	Box NOT acceptable) , Florida \(\frac{32301}{(\overline{Zip code})} \) of process for the above stated corports as registered agent and agree to active to the proper and complete perfeion as registered agent.	oration at the. ct in this cape	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

. •			
A. DIRECTORS			LL 6d
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address: 3812 William Flinn Hwy, #3	□ Vice Chairman	Address: 1000 John RoeblingWay
□Director	Allison Park, PA 15101	□Director	Saxonburg, PA 16056
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	■ Secretary	□Treasurer
Other CEO	Other	Other Asst Treas	surer Other
	Jeremy I. Searock		Stephen M. Muck
□Chairman	Name:	Chairman	Name: Stephen M. Muck
□ Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Allison Park, PA 15101	□Director	Saxonburg, PA 16056
■ President		□President	
□Vice President		□Vice President	
☐ Secretary	□'Treasurer	☐ Secretary	□Treasurer
Other	□Other	Other	Other
	Rvan Parker		
□Chairman	Name:	□ Chairman	Name:
☐ Vice Chairman	Address: 1000 John Roebling Way	□Vice Chairman	Address:
□Director	Saxonburg, PA 16056	□Director	2621
□President		□President	007
			22
■ Vice President		□Vice President	
☐ Secretary	Treasurer	☐ Secretary	□ Treasurer ' '
□Other	□ Other	□Other	Other 2
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Departion of Direct Signature of Direct	tment of State Annual Re	f for reporting purposes only. Non-indexed port form.
•			

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. Ryan Parker, Executive Vice President/Treasurer



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

DELAWARE, DO HEREBY CERTIFY "ADVANCED CONSTRUCTION ROBOTICS, INC."

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 FIRST DAY OF OCTOBER, A.D.

2021.

2821 OCT 22 PH 1: 24



Authentication: 204307152

Date: 10-01-21

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