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TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FR UTILITY SERVICES PARENT, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANDREW P. PISCIOOTTO, JR.

Name of Person

THE GOLDFIELD CORPORATION

Firm/Company

1684 W HIBISCUS BLVD

Address

MELBOURNE, FL 32901

City/State and Zip code

TAX@GOLDFIELDCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW P. PISCIOOTTO, JR.

at (321) 724-1700

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

1. FR UTILITY SERVICES PARENT, INC.  
(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. DELAWARE 3. 86-2005615  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/28/2020 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 12/30/2020  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1684 W HIBISCUS BLVD, MELBOURNE, FL 32901  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: ANDREW P. PISCIOTTO, JR.
- Office Address: 1684 W HIBISCUS BLVD  
MELBOURNE, Florida 32901  
(City) (Zip code)

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TALLAHASSEE, FL

**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.*



(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.

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

**A. DIRECTORS**

☐ Chairman Name: JEFFREY QUAKE  
☐ Vice Chairman Address: 1684 W HIBISCUS BLVD  
☒ Director MELBOURNE, FL 32901  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: ALEX KRUGER  
☐ Vice Chairman Address: 1684 W. HIBISCUS BLVD  
☒ Director MELBOURNE, FL 32901  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

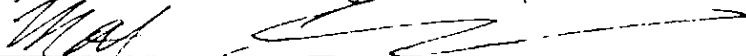
☐ Chairman Name: WILLIAM M. WALKER  
☐ Vice Chairman Address: 1684 W HIBISCUS BLVD  
☒ Director MELBOURNE, FL 32901  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: WILLIAM BROWN  
☐ Vice Chairman Address: 1684 W HIBISCUS BLVD  
☒ Director MELBOURNE, FL 32901  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: RICHARD B. SCHWARTZ  
☐ Vice Chairman Address: 1684 W HIBISCUS BLVD  
☒ Director MELBOURNE, FL 32901  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: MATTHEW R. CLAYTON, CFO  
☐ Vice Chairman Address: 1684 W HIBISCUS BLVD  
☐ Director MELBOURNE, FL 32901  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☒ Other CFO ☐ 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.   
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. MATTHEW R. CLAYTON, CFO  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FR UTILITY SERVICES PARENT, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FR UTILITY SERVICES PARENT, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

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SR# 20214193813

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202711127

Date: 02-19-22