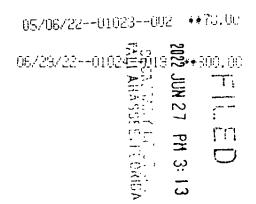
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COVER LETTER

TO:		tration Sci ion of Co	ection rporations				
SUBJ	ECT:	FR UTIL	ITY SERVICES, IN	C.			
3023			Name o	f corporation	- mu	st include suffix	· · · · · ·
Dear S	ir or M	adam:					
"Certif	icate of	f Existenc		of Good Star	ding'	and check are subt	t Business in Florida," nitted to register the
Please	return a	all corresp	ondence concernir	ng this matter	to th	e following:	
ANDRI	EW P. P	PISCIOTT	O, JR.				
	-			Name of	Perso	n	
THE G	OLDFII	ELD COR	PORATION				
		_		Firm/Con	прапу		
1684 W	' HIBIS	CUS BLV	D				
				Addr	ess		
MELBO	DURNE	, FL 3290	l				
				City/State a	nd Zi	p code	
TAX@	GOLDF	TELDCO					
			E-mail address:	(to be used	for fut	ture annual report n	otification)
For fur	ther inf	ormation	concerning this ma	itter, please o	all:		
ANDRE	EW P. P	ISCIOTTO	O, JR.	321	72	24-1700 Daytime Teleph	
	Namo	of Perso	n	Area Cod	c	Daytime Teleph	one Number
	Regist Divisi The C 2415 I	tration Se on of Cor entre of T	porations fallahassee e Street, Suite 810	:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
	nake che	eck payabl	the following amore to: FLORIDA DE \$78.75 Filing Certificate of	PARTMENT Fee &	\$78	STATE .75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee, 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.

If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)	
DELAWARE 3.		85-3895859		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
11/12/2020	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
12/30/2020				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		y)	
1684 W HIBISC	JS BLVD, MELBOURNE, FL 32901			
		ee street address)		
	(Current mailing	g address, if different)		
			 .	
X1 1 .	et address of Florida registered agent: (P.O	. Box NOT acceptable)	36. 30 2.	
Name and stree	at address of Fiorida registered agent. (1.0			
Name and stree	ANDREW P. PISCIOTTO, JR.		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
Name:			JUN 2	
Name:	ANDREW P. PISCIOTTO, JR. 1684 W HIBISCUS BLVD		DD22 JUN 27 F	
Name:	ANDREW P. PISCIOTTO, JR. 1684 W HIBISCUS BLVD MELBOURNE	, Florida 32901	NET STEERS	
	ANDREW P. PISCIOTTO, JR. 1684 W HIBISCUS BLVD	, Florida 32901(Zip code)	NET NET PH 3: 1	
Name: Tice Address:	ANDREW P. PISCIOTTO, JR. 1684 W HIBISCUS BLVD MELBOURNE	, Florida 32901(Zip code)	NET STEPFORITY	
Name: Tice Address: Registered againing been name	ANDREW P. PISCIOTTO, JR. 1684 W HIBISCUS BLVD MELBOURNE (City) ent's acceptance: ed as registered agent and to accept service	e of process for the above stated	Corporation at the	
Name: fice Address: Registered againg been namsignated in this	ANDREW P. PISCIOTTO, JR. 1684 W HIBISCUS BLVD MELBOURNE (City)	e of process for the above stated ent as registered agent and agree	corporation at the	

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	MATTHEW R CLAYTON		RICHARD B. SCHWARTZ
⊒Chairman	Name: 1684 W HIBISCUS BLVD	□Chairman	Name: RICHARD B. SCHWARTZ 1684 W HIBISCUS BLVD
□Vice Chairman	Address:	☐ Vice Chairman	Address: MELBOURNE, FL 32901
Director	MELBOURNE, FL 32901	Director	MELBOURNE, PL 32901
□President		President	
□Vice President		☐ Vice President	
Secretary	■ Treasurer	☐ Secretary	□Treasurer
Other	□ Other	Other CEO	□Other
∃Chairman	Name:	□Chairman	Name:
∃Vice Chairman	Address:	□Vice Chairman	
Director	MELBOURNE, FL 32901	Director	Tradiciss.
□ President		□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	
∃Vice President		□Vice President	
Secretary	☐ Treasurer	□Secretary	☐Treasurer
Other	□Other	□Other	□Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department		
12.	Signature of Direct		

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.

MATTHEW R. CLAYTON, CFO



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

DELAWARE, DO HEREBY CERTIFY "FR UTILITY SERVICES, 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, INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER,

A.D. 2020.

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

THE STATE OF THE S

Authentication: 202711125

Date: 02-19-22