Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 : (813)932-3782 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@ACTIVATEMYLICENSE.COM

FOREIGN PROFIT/NONPROFIT CORPORATION HB MECHANICAL SERVICES INC

Certificate of Status	0
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SEP 29 2022

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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	HB MECHANICAL	SERVICES INC	
		Name of corporation -	must include suffix
Dear Sir or N	ładam:		
"Certificate o	of Existence," or "Co	reign Corporation for A ertificate of Good Standi tion to transact business	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.
Please return	all correspondence	concerning this matter to	o the following:
ROMAN ALE	BANO		
		Name of Pe	erson
CONTRACTO	RS' REPORTING S	SERVICE INC.	
		Firm/Comp	any
2513 RUST	TIC OAKS DR		
		Addres	5
LUTZ, FL	33556		
IN	FO@ACTIVATEM	City/State and MYLICENSE.COM	l Zip code
********	E-mai	l address: (to be used fo	r future annual report notification)
For further in	nformation concerni	ng this matter, please ca	it:
ROMAN AL	BANO	at (<u>813</u>) 932-5244
Nan	ne of Person	Area Code	Daytime Telephone Number
Regi	EET/COURIER A stration Section sion of Corporations		MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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. HB MECHANIC	CAL SERVICES INC			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATI	ON,"
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transac	ting business in Florida)
2 TEXAS		3.	90-0442893	
	y under the law of which it is incorporated)	(FEI number, if	applicable)
4. 01/26/2009		5.	PREPETUAL	
(Date of incorporation)			(Date of duration, if other	er than perpetual)
6. UPON QUALIF	ICATION			
			i Florida, if prior to registration) 502, F.S., to determine penalty liab	pility)
7. 20410 OLD S	SORTERS RD PORTER, TX 77365			
· · · · · · · · · · · · · · · · · · ·	(Principal	ofli	ce <u>street</u> address)	
				2022
	(Current m	ailin	g address, if different)	
8. Name and street	et address of Florida registered agent: ((P.C	D. Box <u>NOT</u> acceptable)	SEP 28 F
Name:	CONTRACTORS' REPORTING SERVICE INC.			<u> </u>
Office Address:	2513 RUSTIC OAKS DR			PH 2: 04
	LUTZ		. Florida <u>33559</u>	*•
	(City)		(Zip code)	

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.

∃Chairman	Name: KEVIN REED	□ Chairman	Name:
⊒Vice Chairman	Address: 4944 CR 397	□Vice Chairman	Address:
∃Director	ALVIN, TX 77511	Director	
XIPresident		□President	
□Vice President		□Vice President	
DSccretary	Treasurer	□Secretary	□Treasurer
Other	□Other	□Other	Other
II Chairman	Name:	□Chairman	Name:
∃Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
⊒President	district and the second	□President	
□Vice 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	4 14112111
□Vice President		□Vice President	
☐Secretary	□Treasurer	☐ Secretary	□Treasurer
		□Other	(I)Other

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

Corporations Section

Austin, Texas 78711-3697

P.O.Box 13697

John B. Scott Secretary of State



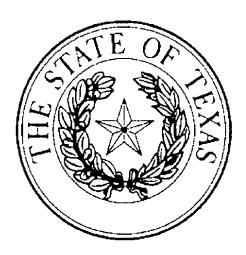
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for HB Mechanical Services, Inc. (file number 801078852), a Domestic For-Profit Corporation, was filed in this office on January 26, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 22, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID; 10264 Document: 1180232590003