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S. FRANKLIN

MAR 1 3 2023

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: F.D. Thomas, Inc.		
Name of corporation - n	nust include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business i	g" and check are submitted to register the	
Please return all correspondence concerning this matter to	the following:	
Gretl Pineda		
Name of Per	son	
ASRC Industrial Services, LLC		
Firm/Compar	ny E	
1501 W. Fountainhead Parkway, Suite 550	· ·	
Address		
Tempe, AZ 85282	\bar{a}	
City/State and	Zip code :	
licensing@asrcindustrial.com	future annual report notification)	
E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, please call:	:	
Gretl Pineda at (925)	446-1763	
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	
9	F STATE 78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

F.D. Thomas, It			
	orporation; must include "INCORPO orp," "Inc." "Co," or "Corp.")	ORATED," "COMPANY," "CORPORATIO	Ν,"
(If name unavail	able in Florida, enter alternate corpo	rate name adopted for the purpose of transacti	ng business in Florida)
Oregon			
(State or countr	y under the law of which it is incorp	orated) (FEI number, if a	pplicable)
	5.0.6		
(Date	of incorporation)	5. (Date of duration, if other	than perpetual)
	· · · · · · · · · · · · · · · · · · ·		
	(Date first transacted (SEE SECTIONS 607.150	business in Florida, if prior to registration) 1 & 607.1502, F.S., to determine penalty liabi	lity)
217 Bateman Dri	ve, Central Point, OR 97502		
, · · - :		incipal office <u>street</u> address)	
1501 W. Fountai	nhead Parkway, Suite 550, Tempe, .	AZ 85282	
	(Cur	rent mailing address, if different)	ć,
Name and street	et address of Florida registered ag	gent: (P.O. Box <u>NOT</u> acceptable)	•
Name:	Corporation Service Company	·	<u></u>
ffice Address:	1201 Hays Street		-D
	Tallahassee	, Florida 32301 (Zip code)	
	(City)	(Zip code)	,
laving been nan esignated in this orther agree to c	application, I hereby accept the comply with the provisions of all	cept service of process for the above state e appointment as registered agent and ag statutes relative to the proper and compl s of my position as registered agent.	ree to act in this capacity.
(Corporation Service Company		
_	By: (Registere	geowith 1244-	

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.

A. DIRECTORS Steve Ennis Patrick Young □Chainnan □ Chairman Address: 217 Bateman Drive 1501 W. Fountainhead Parkway Address: ☐ Vice Chairman □ Vice Chairman Suite 550 Central Point, OR 97502 ■ Director □ Director Tempe, AZ 85282 □President □President □Vice President ____ ■ Vice President □ Secretary □Treasurer □Treasurer □ Secretary □Other _____ □Other _____ Other ___ F. Dan Thomas Name: Chad Homer □ Chairman □ Chairman 1501 W. Fountainhead Parkway 217 Bateman Drive ☐ Vice Chairman Address: ☐ Vice Chairman Central Point, OR 97502 Suite 550 ■ Director □Director Tempe, AZ 85282 ■ President □ President □ Vice President □ Vice President □ Secretary ☐ Treasurer ■ Secretary ☐Treasurer □Other _____ □Other _____ Cindy Bales □Chairman □Chairman Name: 217 Bateman Drive □ Vice Chairman Address: ☐ Vice Chairman Address: Central Point, OR 97502 □ Director □Director □President □President ■ Vice President _ □ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer Other Controller □Other □Other ______ □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. 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. Chad Horner

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 873877

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

F. D. THOMAS, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

OF OS GON

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 3/8/2023



Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.