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COVER LETTER

SUBJECT:		DĐ	&B Const	ruction, Inc.		
	N	lame of corpora	ition - mu	st include suffix		
Dear Sir or Madam:						
	nce," or "Certi	ficate of Good	Standing'	and check are sub	ct Business in Florida," mitted to register the	
Please return all corre	espondence coi	ncerning this m	atter to th	e following:		
		JAMES	D. TABE	R		
		Nam	e of Perso	n		
	(CONTRACTOR	LICENS	ING INC.		
		Firm/	Company			
		P.O. 1	BOX 2122			
		Ą	ddress			
		MARCO ISI	AND, FL	34146		
		City/St	ate and Zi	p code		
		david@contrac	torlicensin	iginc.com		
	E-mail ac	idress: (to be u	sed for tu	ture annual report i	notification)	
or further information	on concerning	this matter, ple	ase call:			
JAMES D. TABER at (239) 394-2300		1				
Name of Per	rson	Area	Code	Daytime Telep	none Number	
STREET/CO	OURIER ADI	DRESS:		MAILING A	DDRESS:	
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
The Centre of Tallahassee			P.O. Box 6327			
2415 N. Mor Tallahassee,	roe Street, Sui FL 32303	te 810		Tallahassee, FL 32314		
Enclosed is a check f			ersom valer d	er a tre		
Please make check pay. \$70.00 Filing Fee		DA DEPARTM Filing Fee &		.75 Filing Fee &	☐ \$87.50 Filing Fee,	
₩ 570.00 Timig rec		icate of Status		tified Copy	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.

 DD&B Constr 				
(Enter name of c	corporation; must include "INCORPORATED," " [orp," "Inc," "Co," or "Corp,")	COMPANY." "CORPORATIO	".NC	
(If name unavail	lable in Florida, enter alternate corporate name ado	pted for the purpose of transact	ing business in Florida)	
2. Maryland	3. 52-	1224881	_	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 08/10/1981	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
6.				
7 <u>1115 South Ala</u>	(Date first transacted business in Florest (SEE SECTIONS 607.1501 & 607.1502, amo Street, Suite 2409, San Antonio, TX 78210	F.S., to determine penalty liab	ility)	
	(Principal office s	<u>street</u> address)		
	(Current mailing a	ddress, if different)	7023 AFR	
8. Name and stre	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	FILL FR. 27	
Name:	Contractor Licensing Inc.			
Office Address:	601 E. Elkcam Circle, Unit B-1	_	2	
	Marco Island	Florida <u>34145</u>	0	
	(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.

A. DIRECTORS □ Chairman Name: Sushil D. Mehta □ Chairman Name: □Vice Chairman Address: 1115 South Alamo Street, Suite 2409 □Vice Chairman Address: Director San Antonio, TX 78210 □ Director **President** □President □Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ Other _____ Other ____ Other ____ □ Chairman Name: _____ Name: □ Chairman □Vice Chairman Address: _____ ☐Vice Chairman Address: Director □ Director ☐ President □ President □Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer Other _____ □Other □ □Other ____ ☐Other _____ Name: □ Chairman □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: Director □ Director □ President □ President _____ □Vice President _____ □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □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. Sushil D. Mehta, President

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DD&B CONSTRUCTION, INC. (D01300789), INCORPORATED AUGUST 10, 1981, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 19, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice