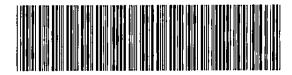
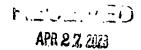
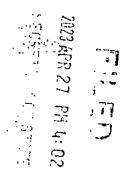
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
3					

Office Use Only



500407376085







COVER LETTER

_	stration Section ion of Corporations					
SUBJECT:	McShane Mechanical Contracting, Inc.					
	Name of corporation - must include suffix					
Dear Sir or M	Iadam:					
"Certificate o		f Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.			
Please return	all correspondence concerning	g this matter t	o the following:			
Brian Convery						
		Name of P	erson			
McShane Mec	hanical Contracting, Inc.					
		Firm/Comp	pany			
2055 Easy St						
		Addres	ss			
Commerce Tw	rp, MI 48390					
		City/State an	d Zip code			
beonvery@mc	shanemech.com					
	E-mail address:	(to be used fo	r future annual report notification)			
For further in	formation concerning this ma	tter, please ca				
Brian Convery		248	668-9450			
Nam	e 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 Please make cl □ \$70.00 Fil	check for the following amouncek payable to: FLORIDA DEFing Fee	PARTMENT (Fee &	OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified 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.

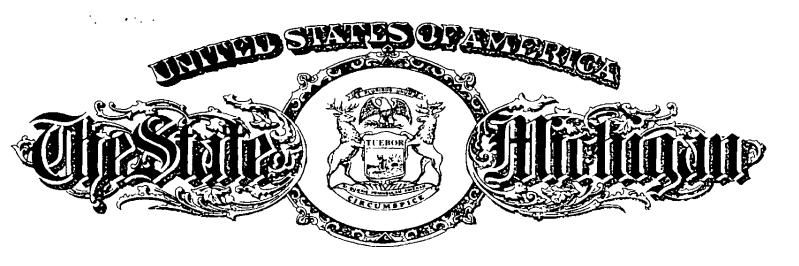
	orporation: must include "INCORPORATED," ' orp." "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
Michigan	31	8-3596308		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
0.1/1.0/2001				
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
		29.		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)			
2055 Hasy St. Co	ommerce Twp. MI 48390	<u> </u>		
	(Principal office	address, if different)		
Name and stree	et address of Florida registered agent: (P.O. I URS AGENTS, LLC	10		
Tice Address:	3458 Lakeshore Drive	_		
rice Address.	Tallahassee	Florida 32312		
	(City)	(Zip code)		
aving been namesignated in this	application, I hereby accept the appointme	of process for the above stated corporation at the notes as registered agent and agree to act in this cape ative to the proper and complete performance of notes ion as registered agent.		
	Lucia le tras	Laviana Jahanna Anat Canastan		
	Swillin Jalissoc (Registered agent's sign	Lauren Johnson, Asst Secretary		

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•						
□Chairman	Name: Phillip T McShane	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Commerce Twp, MI 48390	□Director					
■ President		□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	2 7				
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	reasiirer				
□Other	Other	□Other	r.i. 1 > □Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		CiPresident					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	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. 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. Phillip Me Shane President (Typed or printed name and capacity of person signing application)							



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MCSHANE MECHANICAL CONTRACTING, INC.

was validly incorporated on April 19, 2001 as a Michigan DOMESTIC PROFIT CORPORATION and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

COPONITION AND REGULATORY OF THE PARTY OF TH

Sent by electronic transmission

Certificate Number: 23030513405

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of March, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau