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COVER LETTER

Division of Corporations			
SUBJECT: Engineering Plus, Inc.			
Name of	corporation - m	ust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to transport to the corporation of the	f Good Standing	g" and check are subi	
Please return all correspondence concerning	g this matter to	he following:	
Patsy Green			
	Name of Pers	on	
Engineering Plus, Inc.			
	Firm/Compan	ỳ.	
1724-B 23rd Ave			
	Address		
Meridian, MS 39301			
	City/State and 2	Lip code	
accounts@engineeringplus.com	_	_	
E-mail address: (to be used for t	uture annual report n	otification)
For further information concerning this mat	ter, please call:		
Patsy Green	601	ode Daytime Telephone Number	
Name of Person	Area Code	Daytime Teleph	none 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 check for the following amount Please make check payable to: FLORIDA DEP \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT OF Fee & □ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 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.

Engineering Plu					
(Enter name of c	corporation; must include "INCORPORATED," "orp." "Inc." "Co." or "Corp.")	" "COMPANY." "CORPORATION."			
Engineering Plu	is of East Mississippi, Inc.				
(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business i	n Florida)		
2. Mississippi	3	-0640318			
2. (State or country under the law of which it is incorporated)		64-0640318 (FEI number, if applicable)	(FEI number, if applicable)		
4. 06/19/1980					
4. (Date of incorporation) 5.		(Date of duration, if other than perpetual)			
6. N/A			20 2		
	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	B JUN 2		
7. <u>1723-19.23.tt A.V.</u>	e, Meridian, MS 39301 (Principal offi	ice <u>street</u> address)	SECRETARY OF STATI		
	(Current mailir	ng address, if different)	FATE		
8. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)			
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee	Florida 32301 (Zip code)			
	(City)	(Zip code)			
Having been nan designated in this further agree to c and I am familia	s application, I hereby accept the appoints comply with the provisions of all statutes r r with and accept the obligations of my po		this capacity. I		
-	By: Tyler Gates (Registered agent's si	ignature)			

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: ☐ Chairman		Name: Stephen Miller	
□Vice Chairman	Address: 1724-B 23rd Ave	□Vice Chairman	Address:	
□Director	Meridian, MS 39301	□Director	Meridian, MS 39301	
President		□President		
□Vice President		■Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	□Other	
□Chairman	Mary E Dudley	□Chairman	Name: Patsy Green	
□Vice Chairman	1724-B 23rd Avenue	□ Vice Chairman	Address: 1724-B 23rd Ave	
□Director	Meridian, MS 39301	□Director	Meridian, MS 39301	
□President		□President		
■ Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary	Treasurer	
□Other		□Other	Other	
□Chairman	Nume:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	□ Other	□Other	□Other	
□Other		□Othere attachment will be imaged	☐Other I for reporting purposes only. Non-indexed	

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.



Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 19th day of June, 1980, the State of Mississippi issued a Charter/ Certificate of Authority to:

ENGINEERING PLUS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Engineering Plus, Inc. is in good standing at this time.

Given under my hand and seal of office the 15th day of June, 2023

Michael Watson

Certificate Number: CN23166983

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx