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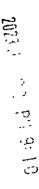
(Requestor's Name)						
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PICK-UP WAIT MAIL						
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COVER LETTER

TO: Reg Divi	istration Section ision of Corporations			
	Clover Construction Manageme	ent West Corp.		
SUBJECT	Name of	corporation -	must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign Corp of Existence," or "Certificate of enced foreign corporation to tra	if Good Stand	uthorization to Transact Busine ing" and check are submitted to in Florida.	ss in Florida," register the
Please retur	n all correspondence concernin	g this matter t	o the following:	
Susan Simor				
		Name of P	erson	
Clover Mana	agement			
		Firm/Comp	pany	
348 Harris I	Hill Road			
		Addres	SS	
Williamsvil	le, NY 14221			
		City/State an	id Zip code	
taxcorrespo	ndence@clovergroupinc.com			
	E-mail address	to be used fo	or future annual report notificati	on)
For further	information concerning this m	atter, please c	all:	
		688-8640 ext 301		
N	ame of Person	Area Code	Daytime Telephone Nu	umber
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		
Please mak	is a check for the following amore check payable to: FLORIDA D Filing Fee	EPARTMENT ig Fee &	Certified Copy	87.50 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.

(Enter name of c	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp."))," "COMPANY," "CORPORATION,"	· 	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)	
Delaware 2.	3	45-2939867		
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
7/20/2011	5			
	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)	
)				
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 348 Harris Hill Re	oad, Williamsville NY 14221	502, 1.5., to determine penanty natinty)	2(
		fice street address)		
Name:	(Current mailing taddress of Florida registered agent: (P. Corporation Service Company) 1201 Hays Street	ng address, if different) O. Box <u>NOT</u> acceptable)		
Office Address:				
	Tallahassee	, Florida <u>32301</u> (Zip code)		
	(City)	(Zip code)		
lesignated in this urther agree to co	ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my potential of the control of the contro	ment as registered agent and agree to relative to the proper and complete po	act in this capacit	
	(Registered agent's s	<u> </u>		
	(registered agent 3.3	·E.m.m. C ;		

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: ____ Chairman Name

□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Williamsville, NY 14221	Director	.	
■ President	Michael L. Joseph	□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		
□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		- · · · · · · · · · · · · · · · · · · ·
□Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary		□Treasurer
Other		□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment added to the index when filing your florida Department of Director of Direct	ent of State Annual R		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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLOVER CONSTRUCTION MANAGEMENT WEST

CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOVER CONSTRUCTION MANAGEMENT WEST CORP." WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Superior Control of Co

Authentication: 203490513

Date: 06-06-23