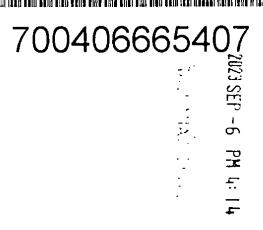
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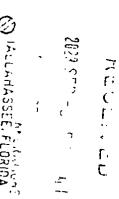
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L







09/07/23--01002--005 **87.50



COVER LETTER

TO:	Registration Sec Division of Cor					
SUBJ	ECT:	В	alge	Contra	t include suffix	
		Name o	of corpora	tion - mus	t include suffix	
Dear S	Sir or Madam:					
"Certi		e," or "Certificate	of Good S	Standing"	and check are sub	act Business in Florida," omitted to register the
Please	return all corresp	ondence concerni	ng this ma	tter to the	following:	
			Gzo	of Person	Solaer	
			Name	of Person		
		(3	adam C	extrection	Inc	
			Firm/C	Company		
		3/2	261. 1	bood	Pr Tackson	16 NC 78500
			A	idress	,	LE NC USYO
		下,	1. con 11	[/N	C 13540	
	 		City/Sta	te and Zip	code	
		hala	er. 266	2 Soches	ichuil, osu, cu	h.
		E-mail address	: (to be us	ed for futu	re annual report	notification)
For fu	rther information	concerning this m	atter, plea	se call:		
	c [] 2	1				
	(restriction)	- <u></u>	at (<u>9/</u>	<u>o)</u>	747 -	<u> 1997</u>
	name of Persor	1	Area C	-oae	Daytime Telep	onone Number
	Registration Sec Division of Corp The Centre of T	porations			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
	Tallahassee, FL	•			rananassee, i	. 6 32314
Please	ed is a check for t make check payable 0.00 Filing Fee		EPARTME g Fee &	□ \$ 78.7	TATE 75 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status &

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.

"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")	DRPORATED," "COMPANY," "CORPORATION	UN,			
(If name unavai	lable in Florida, enter alternate c	orporate name adopted for the purpose of transact	ting business in i	Florida)		
				- ·•··•		
(State or count	ry under the law of which it is in	3. (FEI number, if	(FEI number, if applicable)			
(Date	e of incorporation)	5(Date of duration, if other	er than perpetual)		
, J .						
	(Date first transactions 607	cted business in Florida, if prior to registration) .1501 & 607.1502, F.S., to determine penalty liab	sility)			
	(000 000 110110 007	11301 at 007.1302, 1.5., to determine penanty hab				
·	5/1 W, h	(Principal office street address)	40			
		· ' /				
		(Current mailing address, if different)		. 		
		(Current mailing address, if different)				
3. Name and stre		(Current mailing address, if different) ed agent: (P.O. Box NOT acceptable)		2023		
3. Name and stre	et address of Florida registere	ed agent: (P.O. Box NOT acceptable)		2023 SEP		
Name:	et address of Florida registere	ed agent: (P.O. Box NOT acceptable)		2023 SEP -6		
	et address of Florida registere	ed agent: (P.O. Box NOT acceptable)		2023 SEP -6 PM		
Name:	et address of Florida registere	ed agent: (P.O. Box NOT acceptable)		2023 SEP -6 PH 4:		
Name:	et address of Florida registere	ed agent: (P.O. Box <u>NOT</u> acceptable)		2023 SEP -6 PH 4: 13		
Name: Office Address: Office Registered ag	et address of Florida registere Worden Lane Werne 19093 171 of RO O Botto, (City) gent's acceptance:	red agent: (P.O. Box NOT acceptable) , Florida 3107/ (Zip code)		PH 4: 13		
Name: Office Address: Registered ag Having been nam	et address of Florida registere Wash Lane Werne 19093 171 of RO O Bolto, (City) tent's acceptance: ned as registered agent and to	, Florida 3207/ (Zip code)	ted corporation	PH 4: 3		
Name: Office Address: Registered ag Having been nan lesignated in this	et address of Florida registere Jan Jan Jan 19093 171 170 O Botto (City) ent's acceptance: seed as registered agent and to sapplication, I hereby acceptations of	the appointment as registered agent and ag	ted corporation gree to act in th	at the plantis capacity		
Name: Office Address: Office A	et address of Florida registere Jan Jan Jan 19093 171 170 O Botto (City) ent's acceptance: seed as registered agent and to sapplication, I hereby acceptations of	, Florida, Florida, Captable) o accept service of process for the above state the appointment as registered agent and ag	ted corporation gree to act in th	at the plantis capacity		
Name: Office Address: Registered ag Having been nan designated in this	et address of Florida registere Jan Jan Jan 19093 171 170 O Botto (City) ent's acceptance: seed as registered agent and to sapplication, I hereby acceptations of	the appointment as registered agent and ag	ted corporation gree to act in th	at the plantis capacity		
Name: Office Address: Registered ag Having been nan designated in this	et address of Florida registere Wardan Land Werne 19093 171 of RO O Botto, (City) Tent's acceptance: The description and to the sapplication, I hereby accept and the comply with the provisions of the with and accept the obligation.	the appointment as registered agent and ag	ted corporation gree to act in th lete performan	at the plantis capacity		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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: Gattry 5, Bodge	□ Chairman	Name:	·
□Vice Chairman	Address: 3/2 V. Harrel Dr	□Vice Chairman	Address:	
□Director	Jacksonville NC 78540	Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	□Other	<u>-</u>	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		Other
individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departm	ent of State Annual Re	enort form.	•
12	Signature of Director	\ ///		
The officer or direct she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Depar	er 11 above) affirms the tment of State constitu	nat the facts stated	d herein are true and that he
13	(Typed or printed name and capacity of pers	5, B. J	President	
	(Typed or printed name and capacity of pers	on signing application	ı)	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BADGER CONTRACTING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 4th day of October, 2019, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of September, 2023.

Elaine I Marshall

Secretary of State

Certification# 117586780-1 Reference# 20410106- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification