

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA0808080923 Phone : (614)280-3338 Fax Number : (614)280-3338 Fax Number : (614)573-3996 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: bheilman@bar-enviro.com Email Address: bheilman@bar-enviro.com FOREIGN PROFIT/NONPROFIT CORPORATION BAR ENVIROMENTAL INC Certificate of Status Certificate of Status Certificate of Status Page Count Page Count Pa		To:			
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Estimated Charge 370.73			Estimated Charge	\$78.75	

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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.

BAR Environmental, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Tennessee	3.					
(State or countr	y under the law of which it is incorporated)		(FEI number, it	fapplicable)	
11/07/1984	5.					
(l)ate	of incorporation)	(Da	ite of duration, if oth	er than per	petual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if p	rior to registration)	bility)		
100 WINNERS C	IRCLE N, STE 420, BRENTWOOD, TN 370		etermine penaty na	onny)		
	(Principal off		ress)			
			,			
	(Current mailir	ng address, if	different)			•
		-				
Name and stree	t address of Florida registered agent: (P.C). Box <u>NOT</u>	acceptable)	3		
Name:	C T Corporation System				2634 App	
	1200 South Pine Island Road					
flice Address:					so I	
	Plantation	FL	33324		\sim	
	(City)		(Zip code)	ŗ.	F1112:	-
				2		

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.

SEAN L. EMERICK, ASSISTANT SECRETARY See Comminto Bv: (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.

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

-	

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2024-04-12 06:26:51 PDT

19548277645

A. DIRECTORS	Robert Clemmer	- Chairman	Name:	
⊡Vice Chairman	Address: _7012 Crews Ln.	⊐Vice Chairman	Address:	
Director	Brentwood, TN 37027	Director		
President		DPresident		
☐Vice President		□Vice President		
DSecretary	Threasurer	DSecretary		DTreasurer
□Other]Other	□Other]Other
DChairman	Blake Heilman Name:	∐ Chairman	Name:	
Ci Vice Chairman	Address: <u>7012 Crews Ln.</u>	□Vice Chairman	Address:	
Director	Brentwood, TN 37027	Director		
□President		DPresident		
🗇 Vice President		Il Vice President		
Secretary	DTreasurer	□Secretary		∃Treasurer
3 Other Chief Fina	ncial Officer	DOther]]Other
⊡Chairman	Name:	IChairman	Name:	
□ Vice Chairman	Address:	⊒Vice Chairman	Address:	
Director		Director		
ElPresident		DPresident		
□Vice President		CI Vice President	·	
OSecretary	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.

Blake Heilman 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 \$.817,155, F.S.

13. Blake Heilman, Chief Financial Officer

(Typed or printed name and capacity of person signing application)



Secretary of State

WOLTERS KLUWER 600 SOUTH 2ND STREET SUITE 104 SPRINGFIELD, IL 62704

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE. 6th FL Nashville, TN 37243-1102

April 10, 2024

Request Type: Certificate of Existence/Authorization Request #: 0578002		Issuance Date: Copies Request	1	
	Document Receipt		-	
Receipt #: 00892	22217	Filing	\$20.00	
Payment-Credit C	ard - State Payment Center - CC #: 3871828585			\$20.00
Regarding:	BAR Environmental, Inc.			
Filing Type:	For-profit Corporation - Domestic	Control # :	148299	
Formation/Qualific	ation Date: 11/07/1984	Date Formed:	11/07/198	34
Status:	Active	Formation Locale:	TENNES	SEE
Duration Term:	Perpetual	Inactive Date:		
Business County:	WILLIAMSON COUNTY			

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

BAR Environmental, Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 066880327

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