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 Florida Department of State  
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Email Address: jcleland@martinbrowne.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
 MEVA FORMWORK SYSTEMS INC**

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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.*

1. MEVA FORMWORK SYSTEMS INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. OHIO 3. 31-1734213  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/25/2000 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 06/01/2024  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2000 AIRPARK DRIVE, SPRINGFIELD, OHIO 45502  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

9. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place 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.*



Christine Kelm  
Assistant Secretary

\_\_\_\_\_  
(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.

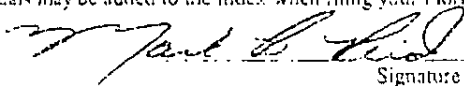
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total].

## A. DIRECTORS

<input type="checkbox"/> Chairman	Name: Scott Fisk	<input type="checkbox"/> Chairman	Name: Mark Reid
<input type="checkbox"/> Vice Chairman	Address: 2000 Airpark Drive	<input type="checkbox"/> Vice Chairman	Address: 2000 Airpark Drive
<input type="checkbox"/> Director	Springfield, OH 45502	<input type="checkbox"/> Director	Springfield, OH 45502
<input checked="" type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other:	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Financial Controller	<input type="checkbox"/> Other
<input type="checkbox"/> Chairman	Name:	<input type="checkbox"/> Chairman	Name:
<input type="checkbox"/> Vice Chairman	Address:	<input type="checkbox"/> Vice Chairman	Address:
<input type="checkbox"/> Director		<input type="checkbox"/> Director	
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Chairman	Name:	<input type="checkbox"/> Chairman	Name:
<input type="checkbox"/> Vice Chairman	Address:	<input type="checkbox"/> Vice Chairman	Address:
<input type="checkbox"/> Director		<input type="checkbox"/> Director	
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

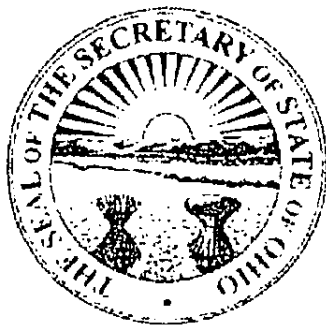
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Mark Reid / Financial Controller/Company Secretary

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

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MEVA FORMWORK SYSTEMS, INC., an Ohio corporation, Charter No. 1189150, having its principal location in Springfield, County of Clark, was incorporated on October 25, 2000 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of June, A.D. 2024.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202415502296