TO: Qualific Divisio	cation/Tax Lien Section	20200000000076442240 -04/17/9601079012 *****122.50 *****122.50
SUBJECT:	Mc Cord. Crane and Line (Name of corporation - must include	
		suffix) J
Dear Sir or Ma		denates as Menues Dente as to
Florida", "Certi foreign corpora	Application by Forcign Corporation for Author ificate of Existence", and check are submitted to ation to transact business in Florida.	o register the above referenced
U 1		
Please return al	ll correspondence concerning this matter to the	following:
Please return ai		following:
Please return a	James P. Miller (Name of Person)	
Please return a' 	James P. Miller (Name of Person)	
Please return a' 		Song Co., Joc. 10 FILE

ming this matter, please call:

Jackie McCurp (Name of Person) at (<u>954</u>) <u>427 - 3111</u> (Area Code & Daytime Telephone Number)

1.1.1

COURIER ADDRESS:

L.

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 18, 1996

JAMES P. MCCORD MCCORD CRANE & RIGGING CO., INC. 11088 NW 19TH ST CORAL SPRINGS, FL 33071

SUBJECT: MCCORD CRANE & RIGGING CO., INC. Ref. Number: W9500008326

We have received your document for MCCORD CRANE & RIGGING CO., INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 307.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins

Senior Corporate Section Administrator

Letter Number: 596A00018126

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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:

I. <u>M</u>	<u>c Cord Orane 4 Praga</u>	ng a. The		
abbreviations person or pai	<u>c (Ord (Yane 4) Lions</u> rporation: must include the word "INCORPO of like import in language as will clearly indi- rtnership if not so contained in the name at pre-	CATED", "COMPAN cate that it is a corpor sent.)	Y","CORPORATION ation instead of a natur	" or words or al
2. Tr (State or countr	リロセンティー y under the law of which it is incorporated)	3. <u>App</u>	lied For (FEI number, if application	iblo)
4,	3/09/96 c of Incorporation)	5. (Duration: Year of	erpe-1-ual	OF "perpetual")
6(Date firs	LI PIM GUAL Fronting	s 607.1501, 607.150	2, AND 817.155, F.S.)	
	1088 N. W. 1946 Stree			
(Oral Springs, FL (Current maille	33071		
8. Crane	Panlal 5 corporation authorized in home state or count			
(Purpose(s) of Florida)	corporation authorized in home state or count	ry to be carried out in	the state of	
acceptable			ox or Mail Drop Bo	ox <u>NOT</u>
Name	: James P. Millord			8
Office Address	: 11088 NW 19th Stree	+		SECT Invision 95 HA
	COTAL Springs	. Florida .	33071	
10. Registere	d agent's acceptance:	······	Zip Code)	PH
Having been n corporation at registered agen all statutes rela and accept the	s: 11088 NW 19th Stree Cotal Springs d agent's acceptance: amed as registered agent and to acce the place designated in this application int and agree to act in this capacity. I ative to the proper and complete perfor- obligations of my position as registed	pt service of proc on, I hereby acco further agree to prmance of my du red agent.	cess for the above s ept the appointmen comply with the pr uties, and I am fam	itale state vovisions of iliar with
	June P. m. Co	^		

(Registered agent's signature)

11. 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.

Address:	
Vice Chair	man:
Address:	
Director:	
	,
Director:	
	CERS (Street address only- P. O. Box NOT acceptable)
President:	CERS (Street address only- P. O. Box NOT acceptable) James P. M. Card
President:	CERS (Street address only-P. O. Box NOT acceptable) James P. M. Cord 11088 NW 19th Street
President:	CERS (Street address only-P. O. Box NOT acceptable) James P. M. Cord 11088 NW 19th Street
President: Address: _	CERS (Street address only- P. O. Box NOT acceptable) James P. M. Card
President: Address: _ Vice Presid	CERS (Street address only- P. O. Box NOT acceptable) James P. M. Card 11088 NW 19th Street Coral Sprmgs, FL 33071
President: Address: _ Vice Presid Address: _	CERS (Street address only- P. O. Box NOT acceptable) James P. M.: Cord JID 88 NW 19th Street Coral Sprmgs, FL 33071 Jent: Jacqueline, L. McCord
President: Address: _ Vice Presid Address: _ Secretary:	CERS (Street address only- P. O. Box NOT acceptable) James P. M.: Cord JID 88 NW 19th Street Coral Sprmgs, FL 33071 Jent: Jacqueline, L. McCord
President: Address: _ Vice Presid Address: _ Secretary:	CERS (Street address only- P. O. Box NOT acceptable) James P. M.: Cord 11088 NW 1945 Street Coral Springs, FL 33071 Jent: Jacqueline L. McCord 11088 N.W. 1945 Street
President: Address: _ Vice Presid Address: _	CERS (Street address only- P. O. Box NOT acceptable) James P. M.: Cord 110 88 NW 1945 Street Coral Springs, FL 33071 dent: Jacqueline L. McCord 110 88 N.W. 1945 Street

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

Secretary of State Corporations Section James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

TO: JACKIH MCCORD 1191 H NEWPORT CTDR SUITH 102 DEERFIELD BEACH , FL 33442 1880ANCE DATE: 04/10/1996 REQUEST NUMBER: 96101136 TELEPHONE CONTACT: (615).741-6488

CHARTER/QUALIFICATION DATE: 04/10/1996 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0310232 JURISDICTION: TENNESSEE

REQUESTED BY: JACKIE HCCORD 1191 E NEWPORT CTDR SUITE 102 DEERFIELD BEACH , FL 33442

CERTIFICATE OF EXISTENCE

I, RILEY C DARNULL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "MCCORD CRANE & RIGGING CO., INC." IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE.

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

> FILED DIVISION OF STATE 96 HAY 10 PH 12: 05

FOR: REQUEST FOR CERTIFICATE ON DATE: 04/10/96

FROM: PETER L FALKENBERG 4905 MANASSSA CIRCLE

BRENTWOOD, TN 37027-4764



SS-4458

ON DATE: 04/10/96 FEES RECEIVED: \$40.00 \$40.00 TOTAL PAYMENT RECEIVED: \$80.00 RECEIPT NUMBER: 00001949090 ACCOUNT NUMBER: 00235718

Keley C Darnell

RILEY C. DARNELL SECRETARY OF STATE