

| □visio                                | r Con ations       |              |            |                   |                | •               | <b>~</b> 7           |
|---------------------------------------|--------------------|--------------|------------|-------------------|----------------|-----------------|----------------------|
| SUBJECT: YU                           | KON TRUCKING CO    | OMPANY, I    | NC.        |                   |                |                 |                      |
|                                       |                    | (Nam         | e of corp  | oration - must in | nclude suffix) | )<br>)          | <br>7965             |
| Dear Sir or Mad                       | am:                |              |            |                   | -11:           | /10/9701        | 187001<br>*****70.00 |
| "Certificate of E<br>transact busines |                    | ck are subm  | itted to n | egister the above | e referenced f |                 |                      |
| Please return an                      | correspondence co. | _            |            | _                 | <b>;</b> :     |                 |                      |
|                                       |                    | RO           | NALD E.    | LEMAY             |                |                 |                      |
|                                       |                    | (            | Name of    | Person)           |                |                 | 9                    |
|                                       |                    | OFFICE       | ES OF TH   | E ADVOCATE        |                |                 |                      |
|                                       |                    | (            | Firm/Co    | mpany)            |                | SSEE            |                      |
| _                                     |                    |              | PO BO      | X 75              |                |                 |                      |
|                                       |                    |              | (Addı      | ess)              |                | <b>25</b> 3 ≥ 0 |                      |
| _                                     |                    | GEORGES      | MILLS, 1   | NEW HAMPSHIR      | E 03751        |                 | 1                    |
|                                       |                    | +            | (City/Sta  | te/Zip)           |                |                 |                      |
| Should vou need                       | to call someone co | oncerning th | iis matter | r, please call:   |                | 4               | 11/10                |
| RONALD E. LEM                         | AY                 | at <u>_</u>  | 603        | ) 763-3344        |                |                 | _                    |
| (Name                                 | of Peszon)         | . —          | (Area      | Code & Dayam      | e Telephone l  | Number)         | _                    |

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section 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

## APPLICATION BY FOREIGN CORPORATION FOR AUTIIORIZATION TO TRANSACT BUSINESS IN FLORII)A

INCOMPLIANCE WITH SECTION607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1.      | YUKON TRU  | JCKING COMPANY, INC  |       |                       |                         |                       |  |  |  |  |  |  |
|---------|--|--|-------|-----------------------|-------------------------|-----------------------|--|--|--|--|--|--|
|         | (Name of corporation; must include the work "INCORPORATED", "COMPANY", "CORPORATION" or                          |  |       |                       |                         |                       |  |  |  |  |  |  |
|         | words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a |  |       |                       |                         |                       |  |  |  |  |  |  |
|         | natural persor   | n or partnership if not so contained in  |       |                       |                         |                       |  |  |  |  |  |  |
|         |  |  |       |                       |                         | E 9                   |  |  |  |  |  |  |
|         |  |  |       |                       |                         |                       |  |  |  |  |  |  |
| 2.      | STATE OF N   | IEW HAMPSHIRE  |       | 3                     |                         |                       |  |  |  |  |  |  |
|         | (State or coun   | try under the law of which it is incorp  | pora  | ated)                 | (FEI numbe              | er, if applicable)    |  |  |  |  |  |  |
|         | **********   |  |       |                       |                         |                       |  |  |  |  |  |  |
| 4.      | NOVEMBER   |  | 5.    | PERPETUAL             |                         |                       |  |  |  |  |  |  |
|         | (E   | Date of incorporation)   |       | (Duration: Yea        | r corp. will cease to e | xist or "perpetual")  |  |  |  |  |  |  |
|         | 21011014000  |  |       |                       |                         |                       |  |  |  |  |  |  |
| 6.      | NOVEMBER   |  |       |                       |                         |                       |  |  |  |  |  |  |
|         | (Date fi   | rst transacted business in Florida.) (S  | EE    | SECTIONS 607          | 1.1501, 607.1502 and 8  | 817.1 <i>55</i> F.S.) |  |  |  |  |  |  |
| _       | DO DOW 14 N  | MEMBORS NIL AGGG   |       |                       |                         |                       |  |  |  |  |  |  |
| 7.      | PO BOX 14, P   | NEWPORT, NH 03773  |       |                       |                         |                       |  |  |  |  |  |  |
|         | •  |  |       |                       |                         |                       |  |  |  |  |  |  |
|         |  |  |       |                       |                         |                       |  |  |  |  |  |  |
|         |  | (Current   | maı   | ling address)         |                         |                       |  |  |  |  |  |  |
|         |  |  |       |                       |                         |                       |  |  |  |  |  |  |
| 0       | BUYING ANT   | D SELLING OF CONSTRUCTION/B  | 1 111 | DING MATERI           | ΔΤ                      |                       |  |  |  |  |  |  |
| ŏ.      |  | se(s) of corporation authorized in hon   |       |                       |                         | te of Florida)        |  |  |  |  |  |  |
|         | ( a  | manage and the second s |       | ance of country t     | o be carried out in sta | e of Fiorida)         |  |  |  |  |  |  |
| 9.      | Name and st  | rect address of Florida registered   | d a   | zent: (P.O. Bo        | x or Mail Drop Box      | NOT accentable)       |  |  |  |  |  |  |
|         |  |  | •     | <b>3</b> ( <b>4 4</b> |                         |                       |  |  |  |  |  |  |
|         | Name:  | DAVID WILSON   |       |                       |                         |                       |  |  |  |  |  |  |
|         |  | DAVID WILDON   |       |                       |                         |                       |  |  |  |  |  |  |
| ~       | fice Address:  | 4650 JUSTINEWOOD ROAD  |       |                       |                         |                       |  |  |  |  |  |  |
| <u></u> | fice Address:  |  |       |                       |                         | •                     |  |  |  |  |  |  |
|         |  | FT MYERS,  |       |                       | -                       | -                     |  |  |  |  |  |  |
|         |  |  |       | , , I                 | Florida 33905           | <del></del>           |  |  |  |  |  |  |
|         |  |  |       |                       | (Zip code)              |                       |  |  |  |  |  |  |
|         |  |  |       |                       |                         |                       |  |  |  |  |  |  |

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of processfor 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. If 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.

(Registered agent's signature)

I1. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - PO BOX NOT acceptable)

# Chairman CHRISTINE A. WHIPPLE Address 11 PINE STREET, NEWPORT, NH 03773 Vice Chairman Director: LORRETTA WHIPPLE CARY G. WHIPPLE Address: 11 PINE STREET, NEWPORT, NH 03773 11 PINE STREET, NEWPORT, NH 03773 CARY L. WHIPPLE Director TODD WHIPPLE Address: 11 PINE STREET, NEWPORT, NH 03773 11 PINE STREET, NEWPORT, NH 03773 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: CHRISTINE A. WHIPPLE Address: 11 PINE STREET, NEWPORT, NH 03773 Vice President: LORRETTA WHIPPLE Address: 11 PINE STREET, NEWPORT, NH 03773 Secretary: RONALD E. LEMAY Address: POST OFFICE BUILDING, SUITE ONE, GEORGES MILLS, NH 03751 Treasurer CHRISTINE A. WHIPPLE Address: 11 PINE STREET, NEWPORT, NH 03773 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Ronald E- Leman (Signature of Chairman Vice Chairman or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

### State of New Hampshire Department of State

#### CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify YUKON TRUCKING COMPANY, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on November 29, 1994. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

SECRETARY OF STATE
ALLAHASSEE, FLORIDI

SEE, FLORIDA



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of October, A.D. 1997

William M. Gardner Secretary of State