## MAMMAN/W/

- YXXXXX	$()/\wedge^{2}$	4/1/
CAPITOL SERVICES _d/b/a PARALEGAL & ATTORNEY SERVICE BUREAU, INC.		100
(Requestor's Name) 1406 Hays Street, Suite 2		
(Address) Tallahassee, FL 32301 (904) 656-3992	OFFICE USE ONLY	
(City, State, Zip) (Phone #)		

CORPORATION NAMI	Labor Contracto		SECRETARY OF ST DIVISION OF CC. PAR 98 NOV 25 PM 12:
(Corporatio	n Name;	,	.A∏E 36
2. (Corporation	n Name)	(Document #)	77
(Corporation (Corporation)	n Name)	(Document #)	P11/25
Walk in Pio	k up time ///25 ill wait Photocopy  AMENDMENTS		•
Profit	Amendment		
NonProfit	Resignation of R.A., O	fficer/Director	_
Limited Liability	Change of Registered A	Agent	
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION	100002	<b>6963214</b> 798-01035-019 78.75 *****78.75
Annual Report	X Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark		er's Initials
enares (12/02)	Other	Examin	© S Hittais

## 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:

CONSTRUCTION LABOR CONTRACTION     (Name of corporation: must include the word "INCOF abbreviations of like import in language as will clearly		
person or partnership if not so contained in the name	RPORATED", "COMPANY", "CORPORATION" or work indicate that it is a corporation instead of a natural at present.)	ds or
2. OHIO	3. 34–1849498	
2. (State or country under the law of which it is incorporate	(FEI number, if applicable)	
4. October 2,1997	5. Perpetual	
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perp	etual")
6. Upon Qualification		10
(Date first transacted business in Florida. (SEE SEC	CTIONS 607.1501, 607.1502, AND 817.155, F.S.)	98 NOV 25
7981 Keynote Circle - Ste. 25.		V 25
Cleveland, Ohio 44131		PM 2: 37
(Current	mailing address)	<u> </u>
Construction Labor Management		ယ
8.	·	_
Florida)  9. Name and street address of Florida regist	tered agent: (P.O. Box or Mail Drop Box NO	<u>)T</u>
acceptable)		
Name:NRAI SERVICE, INC.		
_ ·	· · · · · · · · · · · · · · · · · · ·	
Name: NRAI SERVICE, INC.  526 E. Park Avenue Office Address:		
Name: NRAI SERVICE, INC.  526 E. Park Avenue Office Address:	, Florida , <u>32301</u> (Zip Code)	

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Address: \_\_\_ Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only-P. O. Box NOT acceptable) President: \_\_\_\_\_Timothy J. Cherotti Address: 981 Keynote Circle - Ste. 25 Cleveland, Ohio 44131 Vice President: Address: \_\_\_\_\_ Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. mall. (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)

## UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, 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 corporations; that said records show CONSTRUCTION LABOR CONTRACTORS, INC., an Ohio Corporation, Charter No. 993433, principal location in North Olmsted, County of Cuyahoga, incorporated on October 2, 1997, is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at Columbus, Ohio on November 17, 1998

Bob Taft

Bob Taft Secretary of State