

ACCOUNT NO. : 07210000032

REFERENCE : 379830

4323023

AUTHORIZATION

ORDER DATE: September 20, 1999

ORDER TIME : 9:30 AM

ORDER NO. : 379830-005

CUSTOMER NO:

4323023

CUSTOMER: Ms. Sue Xanders

Allendale Gravel Co., Inc.

Rr #1, Box 200

Allendale, IL 62410

FOREIGN FILINGS

NAME:

ALLENDALE GRAVEL CO., INC.

XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSA **BUSINESS IN FLORIDA**

IN COMPLIAN REGISTER A F	ICE WITH SECTION 607.15 <mark>03,</mark> FLORIDA OREIGN CORPORATION TO TRANSAC	A STATUTES, THE FOLLOWING IS SUBMITTED TO T BUSINESS IN THE STATE OF FLORIDA.	NO RAP
(Name of corr words or abbro	lale Gravel Co., Inc. poration; must include the word "INCORPOR- eviations of like import in language as will clea- or partnership if not so contained in the name at	ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a present.)	_ S 9
2. Illino		3. 37-1208328	· –
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	•
4. 12/31/		Perpetual	
(D	ate of incorporation) (	Duration: Year corp. will cease to exist or "perpetual")	-
	pril 1999		- 
		TIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. R. R.	#1, Box 200		
Allendale, IL 62410			
	(Current mailing ac	(dess)	er · ·
	Shell & Sand		<b>_</b>
(Purpose	e(s) of corporation authorized in home state of	r country to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered agen	at: (P.O. Box or Mail Drop Box NOT acceptable)	
Name:	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	
Office Address:	1201 Hays Street	<u> </u>	· · · <del>· · ·</del> · · ·
	Tallahassee	, Florida, 32301 (Zip code)	
_	agent's acceptance:	f process for the above stated corporation at the place designa	ted in

## 10

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 ull 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.

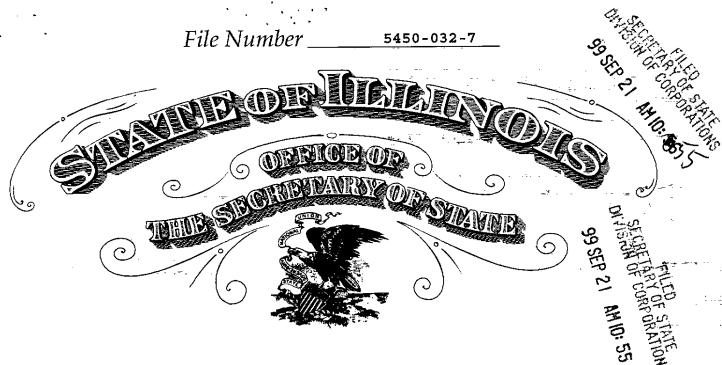
Corporation (Registered agent's signature)

- 11. Attached is a certificate of existence duty 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)

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66 10 439

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) James E. Litherland Address: 303 Kieffer Avenue Mt. Carmel, IL 62863 Vice Chairman: \_\_\_\_\_ Donna Litherland Director: 303 Kieffer Avenue Address: Mt. Carmel, IL 62863 Steve Litherland Director: \_\_ 23167 Aberdeen Avenue Address: Port Charlotte, FL 33952 B. OFFICERS (Street address only - P.O. Box NOT acceptable) James E. Litherland President: \_ 303 Kieffer Avenue Address. Mt. Carmel, IL <u>62863</u> Vice President: David Rigg 216 Cherry Hill Drive Address: \_ Mt. Carmel, IL 62863 Secretary: Sue Xanders R. R. #1 Address: \_ Allendale, IL 62410 Sue Xanders Treasurer: \_\_ R. R. #1 Address: \_\_\_\_ Allendale, IL 62410 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (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)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_ 2ND day of \_\_\_\_\_ SEPTEMBER A.D. \_\_\_\_\_ 1999 .

Desse White

SECRETARY OF STATE