CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301

850-222-1092		9000031709695 -03/15/0001053018		
<u>.</u>	Corporation(s) Nan	ne *****125±0, ****125.00		
		MAR 15 P		
,		• 📆 🛣		
	# ************************************	FLORDE		
Polar Co., UC		9F 12		
()Profit	()Amendment	()Merger		
(h)Nonprofit		<u> </u>		
(f)Foreign	()Dissolution	()Mark		
KILC	()Withdrawal			
()Limited Partnership	()Annual Report	()Other S		
()Reinstatement	()Reservation	()Ch. RA		
	()Fictitious Nam	ie ()UCC 👸 👸 🖰		
()Certified Copy	()Photocopies	()CUS &		
()arts/ameds/mergers () Other-	See Above			
(XXX)Walk in	(XXX)Pick-up	()Will Wait		
Name Availability: MW-	193	Please Return Extra		
Document Examiner:		Copies File Stamped		
Undater		то.		

Verifier: Acknowledgeme W.P. Verifier:

Jeffrey Butterfield

Thank You!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreig	n limited liability company)	
Pennsylvania	3 N/A - S.S.# 194-48-7348	
(Jurisdiction under the law of which foreign limited liability company is organized)		•
December 23, 1999	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
Upon filing	Fo	T
	See sections 608.501, 608.502, and 817.155, F.S.)	377 -
1117 Snyder Road	SSI	വ
West Lawn, PA 19609	E, FL	00 MAR 15 PH 12: 52
(Street addre	ess of principal office)	
. If limited liability company is a manager-manage		52
. The usual business addresses of the managing me	embers or managers are as follows:	
1117 Snyder Road, West Lawn, PA 19609		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	90 days old, duly authenticated by the official having custody of	
• • • • • • • • • • • • • • • • • • • •	opy is not acceptable. If the certificate is in a foreign language, a	ι
anslation of the certificate under oath of the translator must be su	.bmitted.)	
1. Nature of business or purposes to be conducted	or promoted in Florida:	<u> </u>
General partner of a limited partnership and quality road or	ontracting services and supplies	
	7	
<u> </u>	authorized representative of a member.	

Typed or printed name of signee

an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael L. Polak, Authorized Person

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Polak Co., LLC	
2. The name and the Florida street address of the registered agent and office are:	OO MAR SECRET
C T Corporation System	ASS 15
(Name)	PH 12 FEF, FI
c/o C T Corporation System, 1200 South Pine Island Road	TATE ORIE
Florida street address (P.O. Box NOT ACCEPTABLE)	DE N

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

City/State/Zip

C T Corporation System

ANN J. WILLIAMS

\(\ssistant \) Vice President

Plantation

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 08, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

POLAK CO., LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office shown as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

JSOW