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Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

FLORIDA/FOREIGN LIMITED LIABILITY CO.

R.L. VOIGHT & SON, LLC

Certificate of Status	0
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S. HAWKES

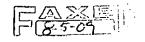
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August 7, 2009

FLORIDA DEPARTMENT OF STATE

CONTRACTORS REPORTING SERVICES, INC

SUBJECT: R.L. VOIGHT & SON, LLC

REF: W09000035913

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Please list the complete principal's office address.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H09000176852 Letter Number: 809A00027079 .`850**-**617-6381

8/6/2009 9:55:00 AM PAGE 1/001 Fax Server



August 6, 2009

FLORIDA DEPARTMENT OF STATE

CONTRACTORS REPORTING SERVICES, INC

SUBJECT: R.L. VOIGHT & SON, LLC

REF: W09000035672

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes F Regulatory Specialist II L Registration/Qualification Section

FAX Aud. #: H09000176852 Letter Number: 109A00026900 08/04/2009 08:47

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RL VOIGHT & SON, LLC

84 (B) A (B) APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

TRANSACT BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 608-508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. R.L. VOIGHT & SON, LLC
(Name of Foreign Limited Liability Company)
2 MARYLAND 3. 20-3176447
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)
4 07/15/2005 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. in determine penalty liability)
7. 3923 Plyces Hill Rd
Vensington, mb 20895 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
JOHN LESTER SEYMOUR-MGRM
3923 PLYERS MILL RD
KENSINGTON, MD 20895
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translation must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Any And All Lawful Business
Signature of a member or an authorized representative of a member. (In accordance with section 608,408)) P.S., the execution of this document constitutes an affirmation under the populaties of parjury that the facts stated herein are true.)
JOHN LESTER SEYMOUR

Typed or printed name of signee

08/04/2009 08:47

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RL VOIGHT & SON, LLC

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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 STATEMENTS TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is:
- R.L. VOIGHT & SON, LLC
- 2. The name and the Florida street address of the registered agent and office are:

CONTRA	(Name)
13795	n nebraska ave
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
TAMPA	FL 33613
	City/State/Zin

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, Florida Statutes.

(Signature)

STATE OF MARYLAND Department of Assessments and Taxation

L PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THB RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT R.L. VOIGHT & SON, I.I.C. IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 30, 2009.

Paul B. Anderson Charter Division FILED

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SECHETARY OF STATE

ALLANIASSLE FLUKION



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