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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT. Public Works LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Marion E. Reit	Z	
	Name of Person	
Public Works I	LLC	
	Firm/Company	
18 Moorlinch E	Blvd.	
-	Address	
Medford, NJ 0	8055	
	City/State and Zip Code	
mreitz@public	•	28E
E-mail addres	s: (to be used for future annual report	notification)
For further information concerning this matter, p	lease call:	**************************************
Marion E. Reitz	8	28-9492
Name of Person	Area Code & Daytime Telep	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	₹ 54
Enclosed is a check for the following am		& \$\Bigsi \$160.00 Filing Fee, Certificate
Certificate		of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATITUSS THE BOLLOWING IS SUBMITTED TO REGISTER A EOREGIS

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:	IER A FOREIGN
1. Public Works LLC (Name of Foreign Limited Liability Company; must include	a "I imited I ishility Company ""I I C " as "I I	<u>(1)</u>
(Name of Poleigh Limited Liability Company, must include	e Limited Liability Company, L.E.C., or L.E.	.C.)
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a conate name. The alternate name must include "Limi	ppy of the written ited Liability
_{2.} Pennsylvania _{3.}	03-0447140	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. July 1, 2002 5.		
(Date of Organization)	(Duration: Year limited liability company will exist or "perpetual")	cease to
6. N/A		
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)	
7. 1690 E. Strasburg Road		
West Chester, PA 19380		
	f Principal Office)	2013
8. If limited liability company is a manager-managed co	ompany, check here	A Th
9. The name and usual business addresses of the manag	調点 対一人 ging members or managers are as follows	25
SAME Eric Schnurer	T T T	E M
SAME FILE SCHMMEN		<u>.</u>
		
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign la	
11. Nature of business or purposes to be conducted or p	promoted in Florida:	<u> </u>
Public policy and management consu	ılting.	
Suc B. Wha		
Signature of a member or an auth	norized representative of a member.	
(In accordance with section 608.408(3), F.S., the execut penalties of perjury that the facts stated herein are true.		
document to the Department of State constitutes a		

Typed or printed name of signee

Eric B. Schnurer, Presdient

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.

The name of the Limited Liability Company is: Public Works LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Business Filings Inc.	III MAR 25 SECRETARY WELAHASSE
(Name)	
515 E. Park Ave.	: Tri
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee _{FL} 32301	STATE SE D
City/State/Zip	_

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.

Filings Incorporated

\$ 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 18, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PUBLIC WORKS 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 show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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

Care aille

Certification Number: 10931291-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp