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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	M.C.DODD CONSTRUCTION, LLC			
	Name of Limited Liability Company			
	Application by Foreign Limited Liability Com check are submitted to register the above refer			
Please return al	correspondence concerning this matter to the	following:		
	MICHAEL C DODD			
	Name of Person			
	M.C.DODD CONSTRUCTION, LLC			
	Firm/Company			
	1380 FLESHMAN MILL ROAD			
Address				
	NEW OXFORD, PA. 17350			
	City/State and Zip Code			
	td@mcdodd.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
. or range inno	matter, preuse cuit.			
	Thomas D Pascuzzo	_ ~ ` ` 	484-4399	
	Name of Contact Person	Area Code Day	ytime Telephone Number	
Division Regista P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	Division Registral Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	seck for the following amount: 5.00 Filing Fee \$\square\$ \$\square	□ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: M.C.DODD CONSTRUCTION, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MCDODD CONSTRUCTION, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 20-5197037 Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5242 COLLEENS WAY MERRITT ISLAND, FL. 32953 (Street Address of Principal Office) 1380 FLESHMAN MILL ROAD NEW OXFORD, PA. 17350 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Elwin Buddy Johnson Name: 5242 COLLEENS WAY Office Address: MERRITT ISLAND (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Elwin Buddy Johnson Senior Project Manager 5242 COLLEENS WAY MERRITT ISLAND, FL. 32953 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) When C. Delf This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Michael C Dodd-President

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 04/12/2017



TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

M.C. Dodd Construction, LLC

is duly registered 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

Certification Number: TSC170412110699-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx