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lease	return all correspondence concerning	g this matter	to the following						
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or fu	rther information concerning this mat	ter, please o	call:						
	Calvin Siu		844		554-2367				
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Division of Corporations		Division of Corporations							
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
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	Enclosed is a check for the follow Please make check payable to: FL ☐ \$125.00 Filing Fee ☐ \$130	ORIDA DI 0.00 Filing	EPARTMENT C	OF STAT 5.00 Filit Certified	ng Fee &	□ \$160.00 of 5	0 Filing F Status & (

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:

Kupper Engineering, I	JLC Limited Liability Company; must include "Limite	d Liability Company," "L. L.C.," or "LLC."				
(57 : 575)	. Similed Blassics, Company, man metado Camino	a material grant and an experience of the control o	,			
f name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorids. The alternate name must include "Limited.	Liability Company," "L.L.C," or "LL			
Pennsylvania		23-3095806	023 (
(Jurisduction under the law of v	which foreign limited liability company is organized)	3. (FEI nun	ober, if applicable)			
upon filing			-6 -			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ					
300 Brookside Avenue 5. Street Address of Principal Office)		300 Brookside Avenue 6. (Mailing Address)				
treet Address of Principal Office)		(Mailing Address)	>			
Building 14		Building 14				
Ambler, PA 19002		Ambler, PA 19002				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
	Plantation	33324 , Florida				
	(City)	(Zip code)				

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 comply with 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.

Margaret (Registered agent's signature)
Margaret Routzahn, Special Asst Secy

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Utilicon Solutions, LLC	⊡Manager	Name: Scott T. Kupper
⊡Member	Address: 708 Blair Mill Road	☐ Member	Address: 300 Brookside Avenue
□Authorized	Willow Grove, PA 19090	□Authorized	Ambler, PA 19002
Person		Person	DOther -
□Other	□ Other	□Other	ElOther -
	k'arl Millor		
⊡Manager	Name: Karl Miller	⊡Manager	Name: Craig E. Rosenberger
□Member	Address: 300 Brookside Avenue	□Member	Address: 300 Brookside Avenue
□Authorized	Ambler, PA 19002	□Authorized	Ambler, PA 19002
Person		Person	-
□Other	Other	Other	Other
⊡Manager	Name: Philip A. Parise, Jr.	□Manager	Name: (see attached)
□Member	Address: 300 Brookside Avenue	□Member	Address:
□Authorized	Ambler, PA 19002	□Authorized	
Person		Person	
Other	Other	□Other	□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 10. 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.

S. 1. 1h	lum
	Signature of an authorized person
Brian Bauer	
	Typed or printed name of signee

Kupper Engineering, LLC

(Pennsylvania Limited Liability Company)

OFFICERS

Vice President Karl Miller

Vice President Craig E. Rosenberger

Vice President Philip A. Parise, Jr.

Vice President David G. McGinley

Brian R. Bauer Secretary-Treasurer

Gregory E. Staton **Assistant Secretary**

John L. Talbot Asst. Secretary (Title Clerk)

John S. Adkisson Asst. Secretary (Title Clerk)

Asst. Secretary (Ins./Bonds) Ann P. Ercolani

Ronald S. Simpson Asst. Treasurer (Taxes)

DIRECTORS

Steven G. Asplundh

Scott M. Asplundh

Brent D. Asplundh

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/04/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Kupper Engineering, 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.

THE COLUMN OF TH

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: TSC200804141278-1

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