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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

Fax Number

: (850)222-1092 : (850)222-9428

FOREIGN PROFIT QUALIFICATION

Boyd Excavating, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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Comprete Filing

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| I. Boyd Exceve | | _ | | | |
|---------------------------------------|---|-------|---|--------------|------------|
| (Enter name of | f corporation; must include "INCORPORATE "Corp," "Inc," "Co," or "Corp.") | ΣD, | ," "COMPANY," "CORPORATION," | | |
| | | | | | |
| | | | | | |
| (If name unave | allable in Florida, enter alternate corporate nac | ΩÇ | adopted for the purpose of transacting business in | Florida) | |
| 2. Alabama | | 3. | 58-2469858 | | |
| | y under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| s. 04/07/1999 | | 5. | pérpeniai | | |
| (Da | ate of incorporation) | | (Duration: Year corp. will cease to exist or "perp | octual") | |
| nbou dasjijics | tion . | • | | | |
| | sacted business in Florids. If corporation has | | transacted business in Florida, insert "upon qualif | ication.") | |
| | • | i01 | , 607.1502 and 817.155, F.S.) | | |
| 7, 516 St. Clair S | treet, SE, Russellville, AL 35653 | | | | |
| | (Principal office a | aa | ress; | | |
| 516 St. Clair St | reet, SE, Russellville, AL 35653 | | | | |
| | (Current mailing a | aa | rcas) | ب برد - ا | |
| · Annetriation o | rading & excavating | | | | (4) 175 |
| | raining or excavating r(s) of corporation anthorized in home state or | - 60 | untry to be carried out in state of Florida) | | ت |
| | | | | t- | <u>۔</u> |
| . Name and <u>st</u> | rect address of Florida registered agent | : | (P.O. Box or Mail Drop Box NOT acceptable) | 13 t | 77 |
| Name: | C T Corporation System | | <u> </u> | بم بر عصب | <u>α</u> |
| Office Address: | 1200 South Pine Island Road | | | | ن |
| | | | | £.,- | 5 |
| | Plantation | | , Florida33324 | | |
| • | (City) | | (Zip code) | | |
| 0. Registered | agent's acceptance; | | | | |
| Taving been no | med as registered agent and to accept ser | vi | e of process for the above stated corporation | at the plac | £ |
| ieSignaled in thi justker oaree to | is application, I hereby accept the appoint | 12/ | tent as registered agent and agree to act in thi clative to the proper and complete performanc | is capacity. | I |
| ınd I am familio | r with and accept the obligations of my p |) (1) | autve in the proper and complete perjormant uition as registered agent. | e oj my au | aes, |
| | C T Corporation System | | W 10 | | |
| - | N/O | | | | |
|] | By: my Bolds | _1 | DAN ROLDEN | | |
| | (Registered agent's signature | | ASSISTANT SECRETARY | | |
| | | | · — - · · · · | | |

II. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| A. DIRE | CTORS | | | · | | | | • | |
|-------------|-------------------------|-------------------|---------------------------------------|------------------|------------------|----------------|---------------------------------------|--|---------------|
| Chairman: | Robert | Boyd | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Address: | 516.Sain | t.Clqif Sts | ERUSSE | wille. | AL 35 | 453 | | | |
| Vice Chair | Postain: | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | _ | | | | | | | |
| Address: | | | • | | | | | | |
| Director: | | | · · · · · · · · · · · · · · · · · · · | | | | | ····· | |
| | | | | | | | | | |
| _ | | | | | | | | | |
| Director: | | · | | | | | | | |
| Address: | | | | , | | | | | |
| | • | | | | | | | | |
| B. OFFI | CERS | | | | | | | | |
| Bearidant | Robert A. Boyd | | | | | | | | |
| | 516 St. Clair Street, S | E | | | | | | 3/1 1 E 2 2 2 | 03 |
| _ | Russeliville, AL 356 | | | | | | | | |
| Vice Presid | dent | | | | | | | | دَتَ |
| Address: | | | | | | | | | - |
| | | | | , | | | | 201 | ದೆ |
| · | Sheils Boyd | , | | | | | | - | 兴 |
| | 516 St. Clair Street, S | | 7 75662 | | | <u>*</u> _ | | | |
| Address: 3 | | , | | | | | | | |
| Treasurer: | | | | | | | | | - |
| Address: _ | | | | | | | | | |
| NOTE: I | f necessary, you ma | v attach an afide | endam to the ac | plication listit | ng additional o | fficers and/or | director | * . | |
| | | 2/ | J | | | | | | |
| 13. | (Signature of | Disector or Off | icer listed in nu | mber 12 of the | application) | · <u>·</u> | | | |
| 14. Rober | t A. Boyd, President | + y | , | | , | | | | |
| | | ed or printed nat | me and capacit | of person sig | ning application | m) | | | |

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Boyd Excavating, Inc. incorporated in Franklin County, Russellville, Alabama on April 7, 1999. I further certify that the records do not disclose that said Boyd Excavating, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

November 12, 2003

Date

Mancy S. Sarley.

Secretary of State