Filing and License Fee: \$310.00 minimum

ID Number:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

1. The na	ame of the corporation is	ne of the corporation is Maverick Construction Management Services, Inc.					
2. It is inc	ncorporated under the laws of Pennsylvania						
. The na	ame, if different, which it elect	s to use in Rhode Island is:					
	If the name of the corporat "incorporated," or "limited," or above corporate endings for u	an abbreviation thereof, th	acorporation does not contain the word "corporation," "company," nen list the name of the corporation with the addition of one of the				
(available in Rhode Island, then set forth below the fictitious name under which the corporation will so in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this					
The da	ate of its incorporation is oc	tober 20, 1997	and the period of its duration isPERPETUAL				
The ar	ddress of its principal office in		ne laws of which it is incorporated is				
. 1110 01	915 Horseshoe Trail, Ph		lo lavo di villo il lo lilodipolatod lo				
. The ac	ddress of its proposed register	red office in Rhode Island is	222 Jefferson Blvd., Suite 200				
			(Street Address, not P.O. Box)				
Warwick (City/Town)		(Zip Code)	und the name of he proposed registered agent in thread toland at				
that a	ddress is InCorp	Services, Inc.					
		(Na	me of Agent)				
'. The p		•	nsaction of business in Rhode Island are:				
	to provide Con	struction management Se	rvices				
			20 30 10 10 10 10 10 10 10 10 10 10 10 10 10				
3. (a) Th	ne names and respective addr	esses of its directors (option	al unless directors are required under the laws of the state or country.				
of	which it is incorporated).		3 800 €				
		<u>Name</u>	<u>Address</u>				
Dir	rector N/A	<u> </u>					
Dir	rector		10.41				
Dir	ector						
Dir	ector		- FILEU				
			APR 02 2009				
orm No			AFR UE LOOS				

Form No. 150 Revised: 12/05

By \$385689

	<u>Name</u>		<u>Address</u>			
Р	President John A. Fiore Vice President Timothy M. Joness		E	15 Cedar St., Auburn	n MA 01501	
٧				915 Horseshoe Trail, Phoenixville PA 19460		
Т	reasurer	Timothy M. Jone		915 Horseshoe Trail,	Phoenixville PA 19460	
S	Secretary	Timothy M. Jone		915 Horseshoe Trail, Phoenixville PA 19460		
	e aggregate num d series, if any, w <u>Number of S</u>	ithin a class, is:	has authority to is	sue, itemized by classes, pa Series	r value of shares, shares without par value Par Value or Statement that Shares are without Par Value	
	100,0		COMMON	<u>Series</u>	\$3.00 per share	
0. (a)	An estimate o	f the value of all pr	operty to be own	ned by the corporation for	the following year, wherever located, is	
	\$ 0.00			•	node Island during the following year is use of the property of the corporation to be	
1. (a)	following year,	wherever located, is f the gross amount	0.0	%. [divide (b) by (a) and mul	f the corporation to be owned during the tiply by 100 to obtain the percentage]. oration during the following year is	
(b)		n estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode sland during the following year is \$ 250,000.00				
(c)	An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is $\frac{6 \cdot 25}{}$ % [divide (b) by (a) and multiply by 100 to obtain the percentage].					
	is application is a which it is incorpo		tificate of Good Sta	anding issued by the proper o	officer of the state or country under the law	
3. This	is Application for an the 90 th day aff	Certificate of Authorit ter the date of this filir		upon filing unless a specifie	d date is provided which shall be no later	
Date:	3-3	e - 09	(;	examined this Application any accompanying atta contained herein are true a	y, I declare and affirm that I have for Certificate of Authority, including chments, and that all statement and correct. Orized Officer of the Corporation	
				Timothy	M. Joness	

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 23, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MAVERICK CONSTRUCTION MANAGEMENT SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



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