Filing and License Fee: \$310.00 minimum

IN.	Number:				
10	Manina.				



Director

Form No. 150

## 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 CORPORATIO	N 12	, J				
		ν. γ.					
	APPLICATION FOR CERTIFICATE OF	AUTHORITY	i i i i i i i i i i i i i i i i i i i				
CO	Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode I corporation hereby applies for a Certificate of Authority to transact business in the the following statement:	sland, 1956, as amended, the under State of Rhode Island, and for that po	rsigned foreign upose submits				
	Com bound	TNA =					
1.	The name of the corporation is	**					
2.	2. It is incorporated under the laws of	20					
3.	The name, if different, which it elects to use in Rhode Island is:						
	(a) If the name of the corporation in its jurisdiction of incorporation doe. "incorporated," or "limited," or an abbreviation thereof, then list the name above corporate endings for use in Rhode Island:	s not contain the word "corporation of the corporation with the addition	n," "company," i of one of the				
	(b) If the corporate name is not available in Rhode Island, then set forth below qualify and transact business in Rhode Island as stated in the "Fictition application:	r the fictitious name under which the is Business Name Statement" to be	corporation will filed with this				
4.	1. The date of its incorporation is 4/15/97 and the peri	od of its duration is	tual_				
5.	5. The address of its principal office in the state or country under the laws of which 832 Rolling Hills Rd. OHSville Pa 18	9942					
6.	6. The address of its proposed registered office in Rhode Island is	•	PIKE				
	Scituate RI 02857 and the name (City/Town) (Zip Code)	(Street Address, not P.U. Box)					
	(City/Town) (Zip Code)						
	that address is LAURA MCGUIRE  [Name of Agent)						
	(Name of Agent)						
7.	7. The purpose or purposes which it proposes to pursue in the transaction of business.	ess in Rhode Island are:					
	Environmental	Considering					
		(0.550 (1/1)	<del></del>				
8.	3. (a) The names and respective addresses of its directors (optional unless director	rs are required under the laws of the	state or country				
	of which it is incorporated).						
	<u>Name</u>	<u>Address</u>	9				
	Director Michael Leve 232 Rolling	Address PHS VILLE PA	9 18942				
	Director		<del></del>				
	Director	_ [					

	state or countr	y of which it is in				Addrose			
	President	· .	Name Levz	032	Rolling	Hills	Rd	OHSVIL	B
Vice President		1							
	Treasurer							<del></del>	
	Secretary				<del></del>				
9.	The aggregate num and series, if any, v		hich it has authority to i	issue, itemized b	y classes, par	value of sha	ires, shai	res without par	value,
<u>Number of</u>				<u>Series</u>		Par Value or Statement that Shares are without Par Value			
	1000		COMMON			SHARI	S F	VAL UE	<u> </u>
10.		of the value of	all property to be ow	ned by the cor	poration for t	he following	year, wl	herever located	 1, is
	(b) An estimate (	of the value of	the corporation's prop	erty to be locat	led within Rh	ode Island	during th	e following yea	ıris
11	located within following year,	this state during wherever locate	percentage, of the prop the following year bear d, is	s to the value of _%. [divide (b) b	all property of all property of all property of all and multi-	the corpora iply by 100 to	ition to be o obtain f	e owned during the percentage	j the ].
	\$ 100	0, 40	· '		-, ,		-		
		of the gross am he following year	iount of business to b	e transacted by t	he corporation	at or from p	laces of t	business in Rh	ode
	corporation at	or from places of by the corporation	percentage, of the p f business in this state in during the following y	during the follow	ving year bear	s to the gros	s amoun	t thereof which	Will
12.	This application is of which it is incorp		a certificate of Good S	tanding issued b	y the proper o	fficer of the s	state or co	ountry under th	e laws
13.	This Application for than the 90th day a	Certificate of Au	thority shall be effective	e upon filing unl	ess a specifie	d date is pro	vided wh	ich shall be no	later
Dal	ne: <u>3/2</u>	6/10	<del></del>	Under penalty examined this any accompa contained here Signa	Application anying attacein are true a	for Certific chments and correct.	ate of A	Authority, incl	luding
					pe or Print N	Leuz lame of Aul	horizêd	Officer	

### COMMONWEALTH OF PENNSYLVANIA

## **DEPARTMENT OF STATE**

#### **APRIL 8, 2010**

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

# THE CEM SERVICE GROUP, 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

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