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

2. It is 3. The	e name of the o	_	Fluor Facility &	Plant Services, Inc.
3. The	incorporated			
		under the laws of	South Carolin	na ·
(a	e name, if diffe	rent, which it elec	ts to use in Rho	de Island is:
	"incorporate	e of the corpor d," or "limited," prate endings for	or an abbreviati	sdiction of incorporation does not contain the word "corporation," "company," on thereof, then list the name of the corporation with the addition of one of the land:
(b) If the corpo qualify and application:	rate name is not transact busine	available in Rho ss in Rhode Isla	de Island, then set forth below the fictitious name under which the corporation will and as stated in the "Fictitious Business Name Statement" to be filed with this
4. The	e date of its inc	orporation is	May 7, 1985	and the period of its duration is perpetual
5. The	e address of its	principal office i	n the state or co	untry under the laws of which it is incorporated is
	100 Fluor I	Daniel Drive, Gre	enville SC 2960	77
c Th.	a addesaa afita	neananad ragiet	ared office in Dh	ode Island is 222 Jefferson Boulevard, Suite 200
Б. 11П€	e address of its	s propos ad regise	eled office in Kil	(Street Address, not P.O. Box)
W	arwick		, RI	02888 and the name of its proposed registered agent in Rhode Island at (
		ty/Town)		(Zip Code)
tha	nt address is	Corporation Se	rvice Company	
				(Name of Agent)
7. The	e purpose or p	urposes which it	proposes to purs	sue in the transaction of business in Rhode Island are:
		Industrial Service		
IVIE	HITCHISTICE STO	HRUSUIAL SCIVIC	~C3	
8. (a)	The names ar	nd respective add	dresses of its dire	ectors (optional unless directors are required under the laws of the state or courtily
• •	of which it is it	ncorporated).		
			<u>Name</u>	<u>Address</u>
1	Director	C. M. Herna	andez	6700 Las Colinas Boulevard, Irving, Texas 75039
	Director			
	Director			
ļ	Director			PILED
	No. 150 d: 12/05			AUG 10 2010 By 00 12 4 200

		of which it is incorporated).	rincipal officers (mandatory if directors are not required under the laws of the	
		<u>Name</u>	<u>Address</u>	
	President	K. D. Grimes	6700 Las Colinas Boulevard, Irving, Texas 75039	
Vice President		C. M. Hernandez	6700 Las Colinas Boulevard, Irving, Texas 75039	
	Treasurer	J. M. Oliva	6700 Las Colinas Boulevard, Irving, Texas 75039	
	Secretary	C. M. Hernandez	6700 Las Colinas Boulevard, Irving, Texas 75039	
9.	The aggregate num and series, if any, v	rithin a class, is: -	rity to issue, itemized by classes, par value of shares, shares without par value, Par Value or Statement that Series Shares are without Par Value	
		Common Common		
	10,000	Common	\$10.00	
10.	(a) An estimate o	f the value of all property to	be owned by the corporation for the following year, wherever located, is	
	(c) An estimate, e located within the following year. (a) An estimate of \$0. (b) An estimate of Island during the corporation at the percentage.	expressed as a percentage, of this state during the following year wherever located, is 0 If the gross amount of busines the following year is \$0 Expressed as a percentage, of the process of business in this py the corporation during the following the	is property to be located within Rhode Island during the following year is the proportion that the estimated value of the property of the corporation to be wined during the set bears to the value of all property of the corporation to be owned during the %. [divide (b) by (a) and multiply by 100 to obtain the percentage]. It is to be transacted by the corporation at or from places of business in Rhode the proportion that the gross amount of business to be transacted by the state during the following year bears to the gross amount thereof which will swing year is	
12.	This application is a of which it is incorpo		ood Standing issued by the proper officer of the state or country under the laws	
13.	This Application for than the 90 th day aff	Certificate of Authority shall be ear the date of this filing $\frac{n/a}{}$	effective upon filing unless a specified date is provided which shall be no later	
Dat	te: July 29, 2010		Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. Signature of Authorized Officer of the Corporation C. M. Hernandez, Secretary Type or Print Name of Authorized Officer	

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I. Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FLUOR FACILITY & PLANT SERVICES, INC.,

a corporation duly organized under the laws of the State of South Carolina on May 7th, 1985, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 4th day of August, 2010.

Mark Hammond, Secretary of State



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

