

SECRETARY OF S CORPORATIONS!

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:					
Ledcor Construction Inc.					
2. It is incorporated under the laws of: Washing	yton				
3. The name, if different, which it elects to use in Rh	node Island is:				
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: June 29, 2001					
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
6405 Mira Mesa Blvd., Sulte 100, San Diego, CA 92121					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Bo	ulevard, Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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General Commercial C		roposes to pure	sue in the	transaction o	of business in Rhode Island are	
8. (a) The names and restate or country of whic	respective addr	resses of its direrated):	ectors (or	otional, unless	s directors are required under the laws of the	
NAME		1			ADDRESS	
Peter Hrdlltschka		1200 - 1067 \	West Cor	Cordova St., Vancouver, BC, Canada V6C 1C7		
Rodney Neys		1200 - 1067 \	West Cor	rdova St., Var	incouver, BC, Canada V6C 1C7	
Tom Lassu		7008 Roper f	7008 Roper Road NW, Edmonton, AB, Canada T6B 3H2			
	** 44.				Check the box to indicate an attachment	
of the state or country o	espective address of which it is inc	corporated):	ncipal offic	cers (mandato	ory if directors are not required under the laws	
OFFICE	 	NAME		Ĺ	ADDRESS	
PRESIDENT	Jimmy Byrd			14400 The Lal	akes Blvd, Suite 100, Bldg C, Pflugerville, TX 78660	
VICE PRESIDENT	Robert Hensel	1		11130 NE 33r	Brd Place, Ste 101, Bellevue, WA 98004	
TREASURER	John Kump			1200-1067 We	est Cordova St., Vancouver, BC, Canada V6C 1C7	
SECRETARY	Thomas Lofar	ro		6405 Mira Me	fesa Blvd., Suite 100, San Diego, CA 92121	
					Check the box to indicate an attachment X	
9. The aggregate number par value, and series, if	er of shares whan, within a c	hich it has autho class, is:	ority to is:	sue; itemized l	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	3S		SERIES	PAR VALUE OR STATE NO PAR VALUE	
100,000	Commo	<u>טק</u>			NO PAR VALUE	
				,,		
10. An estimate, as a pellocated within this state the following year, where	during the follo	owing year bear	irs to the v	value of all pro	e of the property of the corporation to be operty of the corporation to be owned during issheet.)	
%						
at or from places of busi	iness in Rhode	s Island during the	the following	ring year comp	business to be transacted by the corporation pared to the gross amount thereof which will be obtained from worksheet.)	
%		· · · · · · · · · · · · · · · · · · ·			and the state of t	

12. This application must be accompanied by a <u>Certificate of Good Stanformation</u> dated within 60 days of the date of this filing.	ding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE	BOX ONLY
Date received (Upon filing) Later effective date (Date must be no more than 90 days from the d	
Under penalty of perjury, I declare and affirm that I have examined this A accompanying attachments, and that all statements contained herein are	pplication for Certificate of Authority, including any attue and correct.
Type or Print Name of Authorized Officer	Date
Karen Graham, Assistant Corporate Secretary	1/17/2019
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HET	SE.

Ledcor Construction Inc. Rhode Island Application for Authority 8.(b) Continuation of Officers

Title	Name	Address
VP & Corp Controller	Benjamin Martin	1200-1067 West Cordova St., Vancouver, BC, Canada V6C 1C7
VP, Taxation	Christopher Wales	1200-1067 West Cordova St., Vancouver, BC, Canada V6C 1C7
Assist Corp Secretary	Karen Graham	6405 Mira Mesa Blvd., Suite 100, San Diego, CA 92121

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

LEDCOR CONSTRUCTION INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/29/2001.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/17/2019 UBI Number: 602 132 312

STATE OF WASHING CO.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 01/17/2019