

State of Rhode Island and Providence Plantations Department of State - Business Services Division

## Application for Certificate of Authority

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

Kentucky

1. The name of the corporation is:

## **Engineered Building Systems Inc.**

2. It is incorporated under the laws of:

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 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:

## MEP Consulting Services Inc. - Joh 6/3/14

Ma				
4. The date of its incorporation is: 01/25/201	13		2019	30
And the period of its duration is: CHECK ONE I	BOX ONLY	<u> </u>	НАХ	
Date certain for dissolution		•	5	NTO
5. The address of its principal office is:			II H	
515 Monmouth Street, Suite 201 Newport KY	41071		: 23	
6. The name and address of the initial registered	d agent/office in Rhode Island:			
Agent Name Incorp Services Inc.				
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson	Bivd. Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

**RHODE ISLAND** 

MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.n.gov

FILED JUN 1 0 2019 KLMBFTK 17:40



7. The purpose or purpo	oses which it p	roposes to pursue in the	e transaction o	f business in Rhode Island are:
MEP/FP Engineering D	esign Servic	es		
•· ´				
	•			•
8. (a) The names and re state or country of which			ptional, unless	directors are required under the laws of the
NAME				ADDRESS
	· · · · · · · · · · · · · · · · · · ·			
			· ·	
				· ·
·			<u> </u>	
		<u> </u>		Check the box to indicate an attachment
			icers (mandato	bry if directors are not required under the laws
of the state or country o	f which it is inc		1	
OFFICE	<b> </b>	NAME	<u> </u>	ADDRESS
PRESIDENT	Paul R Spro	ng	515 Monmo	uth St, Suite 201 Newport KY 41071
VICE PRESIDENT				
TREASURER	Scott Sever	Stilkey	515 Monmo	uth St, Suite 201 Newport KY 41071
SECRETARY	Keith Schlo	emer	515 Monmo	uth St, Suite 201 Newport KY 41071
				Check the box to indicate an attachment
9. The aggregate number par value, and series, if			ssue; itemized	by classes, par value of shares, shares without
NUMBER OF SHARES	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000				100 per share
			<b>4•</b>	
		<u></u>		
		<u> </u>		
				e of the property of the corporation to be
located within this state the following year, wher				operty of the corporation to be owned during
		Note: Percentage Units		
<u>0                                    </u>				
11. An estimate, as a p	ercentage, of	the proportion of the gr	oss amount of	business to be transacted by the corporation
at or from places of bus	iness in Rhode	e Island during the follow	wing year com	pared to the gross amount thereof which will be btained from worksheet.)
0 0/				
<u> </u>				

-

- -

- -

•. •. `

formation dated within 60 days of the date of this filing. 13. Date when the Certificate of Authority will be effective: CHEC	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fro	m the date of filing)
Under penalty of perjury, I declare and affirm that I have examine accompanying attachments, and that all statements contained he	
accompanying attachments, and that all statements contained he	erein are true and correct.
accompanying attachments, and that all statements contained he Type or Print Name of Authorized Officer	erein are true and correct. Date

•. •.•

•

## **Commonwealth of Kentucky** Alison Lundergan Grimes, Secretary of State ROC PH 12: Alison Lundergan Grimes Secretary of State P. O. Box 718 **Certificate of Existence** Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov Authentication number: 215447 Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate. I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State, Engineered Building Systems, Inc is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 25, 2013 and whose period of duration is perpetual. I further certify that all fees and penalties owed to the Secretary of State have been paid, that Articles of Dissolution have not been filed, and that the most recent annual report required by KRS 14A 6-010 has been delivered to the Secretary of State. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 6th day of May, 2019, in the 227th year of the Commonwealth. 319 MAY-1 5 : II HY



lergan Opimus

Alison Lundergan Grime Secretary of State Commonwealth of Kentucky 215447/0848153

	)			0	
	r	5	ctice	06/30/2020	CKI EA
snc ers		Inc	r the o pra	Expires: 0	and the second sec
antati ngine		Sma	aving zed t		Filsen Kulen Secretary
State of Rhode Island and Providence Plantations Board of Registration for Professional Engineers	<b>r</b> .,	uilding Systems Inc.	having given satisfactory evidence of having the qualifications required by law is hereby authorized to practice <b>Engineering as a</b> <b>Corporation</b>	IN THE STATE OF RHODE ISLAND 8765 Issued: 04/29/2019	S
oviden Jessio	KNOWN THAT	S S	tisfactory evidence y law is hereby au <b>Engineering as a</b> <b>Corporation</b>	E OF RHODE IS Issued: 04/29/2019	NDF 6182
nd Pri or Pro	NMO	ldin	factory evide aw is hereby <b>igineering a</b> C <b>orporation</b>	<i>OF RH</i> ued: 04	ECRETARY SESTIVE
and a tion fi		Bui	facto aw is <b>igine</b> Corp	'ATE ( Iss	2:40
de Isl gistra	BE IT	ed B	satis. d by l En	HE S1	
of Rho of Re		Engineered	given Juireo		, F
State o Board		gin	ving g ns rec	ation No.	Ju J
		En	ha catio.	Certificate of Authorization No.:	rson
			ualifi	icate of <i>i</i>	Chairperson
			ıb	Jertifi	or U



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, 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:

June 10, 2019 12:40 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

