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June 20, 2024

LUKE STRAIT PO BOX 339 MOYIE SPRINGS, ID 83845 US

SUBJECT: PRECISION ESTIMATING, INC.

Ref. Number: W24000093662

We have received your document for PRECISION ESTIMATING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You forgot to include the acceptance letter from Incorp Services, Inc.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 524A00013507

Andrea Andrews Regulatory Specialist II

RECEIVED

JUL 15 2024

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	Precision Estimating, Inc.				
SOBJECT.	Nan	ne of corporation -	must include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign f Existence," or "Certific ced foreign corporation t	ate of Good Standi	ng" and check are submi	Business in Florida," itted to register the	
Please return	all correspondence conce	erning this matter to	the following:		
Luke Strait					
		Name of Pe	rson		
Precision Estir	nating				
		Firm/Compa	iny		
PO Box 339					
		Address	;		
Moyie Springs	s, ID 83845				
		City/State and	Zip code		
lukes@precisi	onestimating.com				
	E-mail addi	ress: (to be used for	future annual report not	tification)	
For further in	formation concerning thi	s matter, please cal	ł:		
Luke Strait		360 at (726-2122		
Nan	ne of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	Č	A DEPARTMENT Ciling Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp.," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
inc., Co., Co	orp. the, Co. or Corp.)			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	ness in Florida)	
Washington	3	3 91-1784528		
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated)		(FEI number, if applicab	(FEI number, if applicable)	
February 18, 199	97 5.			
(Date of incorporation) 5.		(Date of duration, if other than p	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)		
	(22, F.S., to determine penalty liability)		
63 /9 Highway 41	2. Berryville, AR 72616			
DO D 220 M.	·	e <u>street</u> address)		
	yie Springs. ID 83845	address, if different)		
	(Current maining	g address, ii different)		
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2u:	
rame and succ	InCorp Services, Inc.	. Box <u>(vo.)</u> acceptable)	Zuży JUL I	
Name:	meorp services, inc.		=	
ffice Address:	3458 Lakeshore Drive		22	
	Tallahassee	, Florida ³²³¹²	<u></u>	
	(City)	(Zip code)		
			<u>-</u>	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

See included recipt and acceptance by Incorp.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Luke Strait Greg Lentz ■ Chairman □Chairman 1017 CR 718 286 Enchanted Lane Address: ☐ Vice Chairman ■ Vice Chairman Address: Green Forest, AR 72638 Moyie Springs, ID 83845 ■ Director ■ Director □ President President ■ Vice President ☐ Vice President ☐ Treasurer ■ Secretary Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ Name: _____ ☐ Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □Director □Director □President □President □ Vice President _____ ☐ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary □Other ___ _ □Other _____ □Other ☐ Chairman Name: □ Chairman Name: ______ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □ President □ President □Vice President □ Vice President □ Secretary ☐ Treasurer ☐ Secretary □ Treasurer □Other □Other_____ □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Luke Strait, Vice President

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PRECISION ESTIMATING, INC.

1 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 02/18/1997.

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: 06/04/2024 UBI Number: 601 773 580



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

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 06 04 2024



9107 West Russell Road Suite 100 Las Vegas, NV 89148-1233

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

07/09/2024

Corporations Division
Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at

3458 Lakeshore Drive, Tallahassee, 32312, Leon herein consents to act as Registered Agent for

Precision Estimating, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

Louise Breytenbach on behalf of inCorp Services, Inc.