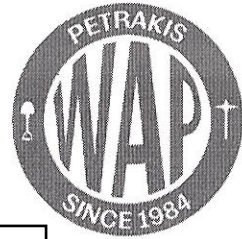


W.A. Petrakis Contracting and Landscaping Company

1501 PONTIAC COURT
EXPORT, PA 15632

724-575-7817
724-733-5708 FAX

WAPETRAKIS@GMAIL.COM



A-2017-2607002 - AEL - 12/9/2020

To Whom it may concern,

This Letter is being written to accompany documents being submitted as part of a Letter of Notification. We are incorporating business *without* changing ownership or control of the business through a formation of a Limited Liability Company of a Sole proprietorship.

Names of the members: William A. Petrakis

I, William A. Petrakis state that there is no change in the ownership or control of the business verified by signature of attached document provided by the State

Please note, there is a change of address of our company as well,

| Old Address: | New Address |
|------------------|------------------|
| 5034 Sequoia Ct | 1501 Pontiac Ct |
| Export, PA 15632 | Export, PA 15632 |

Attached documents include the following:

CERTIFICATE OF PUBLIC CONVENIENCE stating our PUC number as shown in commission records

Copy of Stamped certificate of organization

Signed and Dated Verified Statement

Please call with any questions or concerns with this matter: 412-480-0860

Respectfully yours,

William A Petrakis

President

PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN THE MATTER OF : A-8919939

Application of William Petrakis t/a W A Petrakis Contracting Co, 5034 Sequoia Court, Export, Westmoreland County, Pennsylvania 15632. (724) 325-3396 To transport, as a motor common carrier, property, excluding household goods in use, between points in Pennsylvania. A-2017-2607002

EFFECTIVE: June 12, 2017


The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by its report and order made and entered, found and determined that the granting of the application is necessary or proper for the service, accommodation, convenience and safety of the public and hereby issues to the applicant this CERTIFICATE OF PUBLIC CONVENIENCE evidencing the Commission's approval to operate as a motor carrier.

In Witness Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 12th day, of June, 2017.




Secretary

**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

| | |
|--|--|
| <input type="checkbox"/> Return document by mail to: Slade R. Miller <small>Name</small> 4767 Route 8. <small>Address</small> Allison Park PA 15101 <small>City State Zip Code</small> | Certificate of Organization Domestic Limited Liability Company DSCB:15-8821(rev. 2/2017)  8821 |
| <input type="checkbox"/> Return document by email to: _____ | |

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov>.

Fee: \$125.00 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
 W.A. Petrakis Contracting, LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:
 (post office box alone is not acceptable)

| | | | | |
|----------------------------------|---------------------|----------------------|--------------------|-----------------------|
| 1501 Pontiac Court | Export | PA | 15632 | Westmoreland |
| <small>Number and Street</small> | <small>City</small> | <small>State</small> | <small>Zip</small> | <small>County</small> |

(b) name of its commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

| | |
|---------------------|--|
| <small>Name</small> | <small>Address</small> |
| Slade R Miller Esq. | 4767 Route 8 , Allison Park , Allegheny , PA , United States , 15101 |
| | |
| | |

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

The Certification of organization shall be effective upon filing in the Dept of State.

The Certification of organization shall be effective _____ at _____
on: Date(MM/DD/YYYY) Hour (if any)

5. **Restricted professional companies only.**

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. **Benefit companies only.**

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. **For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.**

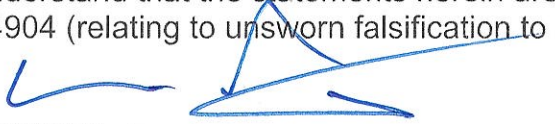
IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 27 day of October, 2020.

Slade R Miller Esq.

Signature

VERIFICATION

I, William A. Petralis, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).



Signature

12-9-20

Date