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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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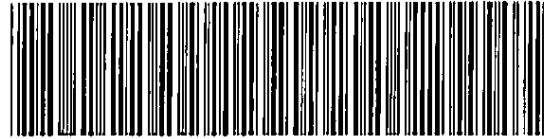
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/26/2019

Name: Merritt Walker

Reference #: 1094058

Entity Name: COLLIERS PROJECT LEADERS USA NE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

Authorized Amount: \$125

Signature: MW

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COLLIERS PROJECT LEADERS USA NE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CONNECTICUT (Jurisdiction under the law of which foreign limited liability company is organized)
3. 06-1468602 (FEI number, if applicable)

UPON FILING

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 601.0905, F.S. to determine penalty liability)

5. 135 NEW ROAD (Street Address of Principal Office) MADISON, CT 06443
6. 135 NEW ROAD (Mailing Address) MADISON, CT 06443

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: Judith Reyes (Registered agent's signature)

Judith Reyes
Assistant Secretary

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** \_\_\_\_\_ **Name and Address:** \_\_\_\_\_

Manager Name: MATTHEW HAWKINS

Member Address: 1140 BAY STREET

Authorized Address: SUITE 4000, TORONTO, ON

Person M5S 2B4 CANADA

Other SECRETARY  Other \_\_\_\_\_

**Title or Capacity:** \_\_\_\_\_ **Name and Address:** \_\_\_\_\_

Manager Name: JONATHAN WINKUR

Member Address: 135 NEW ROAD

Authorized Address: MADISON, CT 06443

Person \_\_\_\_\_

Other PRESIDENT  Other \_\_\_\_\_

Manager Name: GEORGE L. SCHWAB, IV

Member Address: 666 FIFTH AVENUE

Authorized Address: NEW YORK, NY 10103

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: KAREN WHITT

Member Address: 1110 NORTH GLEBE ROAD

Authorized Address: SUITE 610, ARLINGTON, VA 22201

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

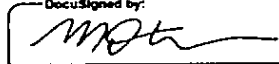
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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

DocuSigned by:  
  
 Signature of the authorized person  
 \_\_\_\_\_  
 MATTHEW HAWKINS  
 \_\_\_\_\_  
 Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

COLLIERS PROJECT LEADERS USA NE, LLC

a domestic limited liability company, were filed in this office on April 02, 2015.

Articles of amendment for SBS II, LLC, changing its name to STRATEGIC BUILDING SOLUTIONS,  
LLC, were filed on April 10, 2015.

Articles of amendment for STRATEGIC BUILDING SOLUTIONS, LLC, changing its name to  
COLLIERS PROJECT LEADERS USA NE, LLC, were filed on June 21, 2019.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: June 24, 2019