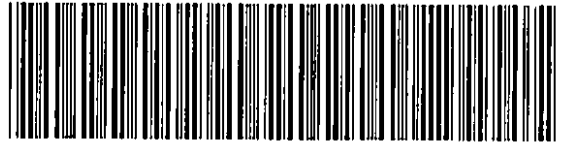


M24000001373



600421676056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-16929

Office Use Only

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2024 JAN 31 PM 3:19

STATE OF CALIFORNIA  
SACRAMENTO

2024 JAN 31 AM 10:23

STATE OF CALIFORNIA  
SACRAMENTO

FEB 06 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2024

CT

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: ENGINEERING RESEARCH AND CONSULTING, LLC  
Ref. Number: W24000016929

We have received your document for ENGINEERING RESEARCH AND CONSULTING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached list of Managers was not included.,

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 424A00002184

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2024 FEB -5 AM 10:41  
FLORIDA DEPARTMENT OF STATE  
CORPORATIONS DIVISION

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/31/2024

*W: C D W*

Acc#|20160000072

Name:	ENGINEERING RESEARCH AND CONSULTING, Inc.
Document #:	
Order #:	15242571 - 225

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<b>1. WITHDRAWAL 2. REGISTRATION</b>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications

*JAKE.KENNEDY@OASISTE.COM*

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

ENGINEERING RESEARCH AND CONSULTING, LLC  
308 Voyager Way, Suite 200  
Huntsville, AL 35806  
(256) 430-3080

CONSENT FOR USE OF SIMILAR NAME

Engineering Research and Consulting, Inc., an inactive Florida corporation with Doc ID F14000001281 (the "Company") hereby gives consent to Engineering Research and Consulting, LLC, for the use of its name in the foreign registration of a Delaware limited liability company with the Florida Secretary of State.

IN WITNESS WHEREOF, the undersigned has duly executed this Consent as of February 1, 2024.

ENGINEERING RESEARCH AND  
CONSULTING, INC.

By: *David Zolet*

Name: David Zolet

Title: Chief Executive Officer

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. Engineering Research and Consulting, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 308 Voyager Way, Suite 200 (Street Address of Principal Office)
Huntsville, AL 35806
6. 308 Voyager Way, Suite 200 (Mailing Address)
Huntsville, AL 35806

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2024 JAN 31 AM 10:23
FILED

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: C T Corporation System Stephanie Hencz, Assistant Secretary
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Please see attached.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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.



Signature of an authorized person

David Zolet

Typed or printed name of signee

**ENGINEERING RESEARCH AND CONSULTING, LLC**

**Managers:**

<b><u>Name</u></b>	<b><u>Street/City/State/Zip</u></b>
Michael Singer	308 Voyager Way, Suite 200, Huntsville, AL 35806
Gary Hokkanen	308 Voyager Way, Suite 200, Huntsville, AL 35806
Sam Totusek	308 Voyager Way, Suite 200, Huntsville, AL 35806
David Zolet	308 Voyager Way, Suite 200, Huntsville, AL 35806
Brian Cronin	308 Voyager Way, Suite 200, Huntsville, AL 35806
Bruce Roberson	308 Voyager Way, Suite 200, Huntsville, AL 35806

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENGINEERING RESEARCH AND CONSULTING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3331880 8300

SR# 20240299611

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202704744

Date: 01-31-24