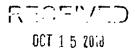
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	E2 Consulting Er	ngineers,	nc.		
	Name of corporat	tion - mus	t include suffix		
Dear Sir or Madam:					
"Certificate of Exister	ation by Foreign Corporation ice," or "Certificate of Good S ign corporation to transact bus	Standing"	and check are sub		
Please return all corre	spondence concerning this ma	itter to the	following:		
	Shalu Saluja,	General (Counsel		
	Name	of Person			
	E2 Consultin	g Enginee	ers, Inc.		
	Firm/C	Company			
	2100 Powell S	Street, Su	te 850		
	Ac	idress			
	Emeryville	CA 9460	8		
		te and Zip			
	shalu.salu				
	E-mail address: (to be us	ed for futi	ire annual report r	otification)	
For further informatio	n concerning this matter, plea	se call:			
Shalu Saluia	Shalu Saluja at (510) 428-4720				
Name of Pers			Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for	or the following amount:				
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	□ \$87.50 Filing Fee, Certificate of Status &	

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.

(If name unava	ailable in Florida, enter alternate corporate nan	ne adopte	d for the purpose of transacting bu	isiness in Florida)
2. California		3	94-3061417	
(State or country under the law of which it is incorporated)			(FEI number. if applicable)	
4. 01/19/1988		5.	N/A	
(Date of incorporation)			(Date of duration, if other than	perpetual)
6.	N/A			ALE S
72100 Pow	(Date first transacted busines: (SEE SECTIONS 607.1501 & 607 ell Street, Suite 850, Emeryville CA 9460	7.1502, F.S		15 PH
	(Prin	cipal offic	ce address)	6: 54 E. FL
8 Name and st	(Current ma reet address of Florida registered agent: (1	J	ess, if different)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		Florida 33324	

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.

Nichol McCroy, Assistant Secretary

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Hersh Saluja Address: 2100 Powell Street, Suite 850, Emeryville CA 94608 Vice Chairman: _ Shalu Saluja 2100 Powell Street, Suite 850, Emeryville CA 94608 Address: Director: ____ Jack Bernard 2100 Powell Street, Suite 850, Emeryville CA 94608 Address: Director: Peter Magallones Address: 2100 Powell Street, Suite 850, Emeryville CA 94608 B. OFFICERS President: Vice President: Address: Secretary: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

13. Shalu Saluta, General Counsel.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

E2 CONSULTING ENGINEERS, INC.

FILE NUMBER:

C1500775

FORMATION DATE:

01/19/1988

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 21, 2018.

ALEX PADILLA
Secretary of State