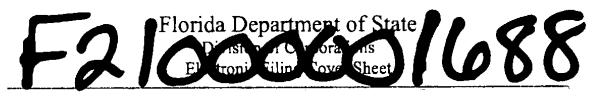
3/25/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000120829 3)))



H210001208293ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emai	T	Add	roc	c٠

## FOREIGN PROFIT/NONPROFIT CORPORATION PCL BROWARD COUNTY INC.

Certificate of Status	0
Certified Copy	1111
Page Count	04
Estimated Charge	\$78.75

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Help

MAR 26 2021

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	I,"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)		
COLORADO	3. 80	-2766422			
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	(FEI number, if applicable)		
MARCH 18, 20	21 5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
		2, F.S., to determine penalty liabili	iy)		
2000 S. COLOR	(SEE SECTIONS 607,1501 & 607,1501 ADO BLVD , SUITE 2-500, DENVER, CO-802 (Principal office	22	4y)		
2000 S. COLOR	ADO BLVD , SUITE 2-500, DENVER, CO. 802 (Principal office	22	iy)		
	ADO BLVD , SUITE 2-500, DENVER, CO. 802 (Principal office	22  street address)  address, if different)			
Name and <u>stre</u> Name:	(Principal office  (Current mailing et address of Florida registered agent: (P.O.	22  street address)  address, if different)	2021 MAR 25		
Name and stre	(Principal office)  (Current mailing)  et address of Florida registered agent: (P.O. NRAI Services, Inc.	e street address)  address, if different)  Box NOT acceptable)			

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.

(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					
□ Chairman	Name	Chairman	Name: 2201 BRISTOL CIRCLE Address.		
□Vice Chairman	Address. 2000 S. COLORADO BLVD	IVice Chairman			
Director	SUITE 2-500	<b>■</b> Director	SUITE #500		
DPresident DENVER, CO 80222		President	OAKVILLE, ONTARIO. CANADA		
□Vice President			L6H 0J8		
C)Secretary	[[Treasurer	∭Secretary		Treasurer	
☐Othei	□Other	Other		□Other	
	Name. MICHAEL J. KEHOE  Name. 2000 S. COLORADO BLVD  Address: SUITE 2-500	\BVice Chairman	Address:		
Director	DENVER, CO 80222				
□President □Vice President		<del></del>			
Secretary	■ Treasurer	□ Secretary		☐Treasurer	
☐Other	Other		<del></del>	□Other	
⊔Chairman □Vice Chairman	NameAddress:	Vice Chairman			
□Director		Director	<del></del>		
∐President		CIPresident			
□Vice President		Il Vice President	-		
□Secretary	T) Treasurer	☐ Secretary		Treisurer	
Other	Other			□Other	
individuals may be	Use an attachment to report more than six (6), e added to the index when filing your Florida.	Department of State Annual Re	eport form,	ourposes only. Non-indexed	
14.	Signature of I	Director or Officer			
The officer or dire she is aware that f \$.817.155, F.S.	ector signing this document (and who is listed also information submitted in a document to the	in number 11 above) affirms th	rat the facts state	ed herein are true and that he c see felony as provided for in	

16176383 Page: 5 of 5 2021-03-25 11:56:25 CS i 16144554862 From: James Tanks i

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

l, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

PCL Broward County Inc.

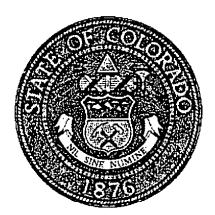
is a

#### Corporation

formed or registered on 03/18/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211261222.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/19/2021 that have been posted, and by documents delivered to this office electronically through 03/22/2021 @ 14:14:33.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/22/2021 @ 14:14:33 in accordance with applicable law. This certificate is assigned Confirmation Number 13037673



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/Search/Criteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely

optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"