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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Please keep original file date of 12/28/2021.

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

LendLease (US) Construction LMB Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
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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.

(11 name tinavana	ble in Florida, enter alternate corporate name	e adopted for th	te purpose of transacting	g business in Florida)	
New York		13-2986742	13-2986742		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
June 15, 1979		j			
(Date	of incorporation)	(Da	te of duration, if other the	han perpetual)	
			<u></u>		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if pr 1502, F.S., to d	rior to registration) etermine penalty liabilit	ty)	
200 Park Avenue.	9th Floor, New York, NY 10166	, , , , , , , , , , , , , , , , , , ,		,	
		ffice <u>street</u> add	ress)		
	(Current mail	ling address, if	different)	2022 AL	
				1922 JAN -3 SECRETARY ALL AHASS	
Name and stree	t address of Florida registered agent: (P	O. Box NOT	_acceptable)	ASS.	
Name:	C T Corporation System			بريتا	
office Address:	1200 South Pine Island Road			PM I2: OF STATE, FLOR	
	Plantation	FI.	33324	STATE LORID	
	(City)	·	(Zip code)	> ω	

9. Registered agent's acceptance:

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.

CT Corporation System

Mark Holloway, Asst. Secretary

(Registe ed 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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS						
□Chairman	Name:	□Chairmau	Name: Dan Godfrey			
□Vice Chanman	Address 200 Park Avenue, 9th Floor	□Vice Chairman	Address:Address			
■Director	New York, NY 10166	Director	New York, NY 10166			
□Presideni		□President				
□Vice President		□Vice President				
□Secretary	□ Treasurer	☐Secretary	□Treasurer			
□Other	Other	□Other				
□ Chairman	Paul Walsh Name:	□ Chairman	Name:			
	1212 Bordeaux Drive	□Vice Chairman	Address: 200 Park Avenue, 9th Floor			
Director	Sunnyvale, CA 94089	☐Director	New York, NY 10166			
□President		■President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐Secretary	∃Treasurer			
□Other	Other	□Other	Other			
70 ·	Thomas V. Giordano	□C'hairman	Name. Mark Biancucci			
□('hairman	Name200 Park Avenue, 9th Floor		Address: 200 Park Avenue, 9th Floor			
□ Vice Chairman □ Director	Address:	☐ Vice Chairman	New York, NY 10166			
⊒President		□President				
Tivice President		Vice President				
■Secretary	☐Treasurer	□Secretary	Treasurer			
□Other	_	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. 12. Enta Hourg Signature of Director or Officer						
The officer or director signing this document (and who is fisted 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 \$.817.155, F.S. Erica Young, Assistant Secretary						

(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: LENDLEASE (US) CONSTRUCTION LMB INC.

563717 DOS ID Number:

DOMESTIC BUSINESS CORPORATION **Entity Type:**

EXISTING Entity Status: Date of Initial Filing with DOS: 06/15/1979

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CURRENT Statement Status: Statement Due Date: 06/30/2023

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 28, 2021 at 03:28 P.M.

19542080845

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon Co Hugher

By Brendan C, Hughes Executive Deputy Secretary of State

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