

To:

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2024-10-15 13:31:57 CST

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From: David Thomas

10/15/24, 3:28 PM

Division of Corporations

Florida Department of State
Division of Corporations
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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 : (614)573-3996

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

Email Address: licensingus@wsp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

WSP USA Government Solutions Inc.

Certificate of Status	0
Certified Copy	1
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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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OCT 15 2024

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.*

1. WSP USA Government Solutions Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 99-0884282
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/23/2024 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. One Penn Plaza, 4th Floor
(Principal office street address)
- New York, NY 10119
(Current mailing address, if different)

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

Name: C T Corporation System

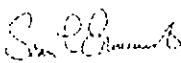
Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

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.

C T Corporation System

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

A. DIRECTORS

☐ Chairman Name Andrew C. Esposito

☐ Vice Chairman Address 15231 Laguna Canyon Road

☒ Director Suite 100

☐ President Irvine, CA 92618

☒ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Andrew J. Lynn

☐ Vice Chairman Address One Penn Plaza, 4th Floor

☐ Director New York, NY 10119

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Hillary F. Jassey

☐ Vice Chairman Address One Penn Plaza, 4th Floor

☐ Director New York, NY 10119

☐ President _____

☒ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Jess L. Commerford

☐ Vice Chairman Address 300 Wyandotte Street

☐ Director Suite 200

☐ President Kansas City, MO 64105

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Todd T. Semonite

☐ Vice Chairman Address 1250 23rd Street, NW

☒ Director Suite 300

☒ President Washington, DC 20037

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name W. Stephen Dale

☐ Vice Chairman Address 6 Research Drive

☒ Director Suite 260

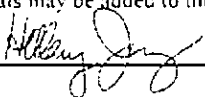
☐ President Shelton, CT 06484

☐ Vice President _____

☐ 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.  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. HILLARY JASSEY, SECRETARY
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WSP USA GOVERNMENT SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2024.

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



Jeffrey W. Bullock, Secretary of State

2973500 8300

SR# 20243949654

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204632114

Date: 10-15-24