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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

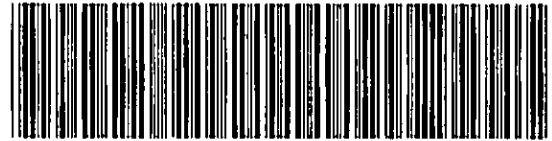
Special Instructions to Filing Officer:

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T. SCOTT

FEB 16 2022



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22 FEB 16 2022 4:12:43

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AGN JV, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Nesbit

Name of Person

Geosyntec Consultants, Inc.

Firm/Company

2501 Blue Ridge Road, Suite 430

Address

Raleigh, NC 27607

City/State and Zip Code

enesbit@geosyntec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Ullman

714

465-1282

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGN JV, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

920 SW Sixth Avenue

Suite 600

Portland, OR 97204

Mailing Address:

920 SW Sixth Avenue

Suite 600

Portland, OR 97204

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Geosyntec Consultants, Inc. | Ray McDermitt

Name

900 Broken Sound Pkwy NW, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

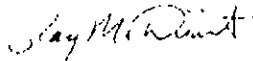
33487-3513

City

State

Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 FEB -1, PM 12:43

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

Sean Ragain
920 SW Sixth Avenue, Suite 600
Portland, OR 97204

AMBR

Tim Finnigan
110 West 38th Avenue, Suite 200B
Anchorage, AK 99503

AMBR

Greg Jarrell
110 West 38th Avenue, Suite 200A
Anchorage, AK 99503

AMBR

Chad Hoffart
8200 SW Hunziker St
Tigard, OR 97223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing February 4, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
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.

Sean Ragain, Vice President
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)