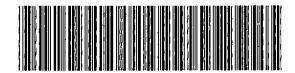
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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DEPARTMENT OF STATE
DIVISION OF CORPORATION

B. KOHR

DEC 15 2009

EXAMINER



ION SERVICE COMPANY.	
ACCOUNT NO. : 12000000195	
REFERENCE : 217878 4354379	
AUTHORIZATION: Spelle man	- U
COST LIMIT : \$ 130.00	102
COST LIMIT : \$130.00 ORDER DATE : December 14, 2009 ORDER TIME : 10:09 AM ORDER NO. : 217878-020	۳,
ORDER TIME: 10:09 AM	5
ORDER NO. : 217878-020	J
CUSTOMER NO: 4354379	
FOREIGN FILINGS	
NAME: I-4 CONNECTOR FUNDING COMPANY LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Matthew Young EXT# 2962	

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RI SINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. I-4 CONNECTOR FUNDING COMPANY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the we consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilit Company," "L.L.C," "LLC.")	/ritten ːy
2. Delaware 3. (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. December 15 2009 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	٠
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
) ·
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 3810 Northdale Blvd. Suite 200 Tampa Fl. 33624	28E TA
7. 3810 Northdale Blvd., Suite 200, Tampa, FL 33624	300
(Street Address of Principal Office)	355
(Street Address of Principal Office)	TENS
3. If limited liability company is a manager-managed company, check here	v
9. The name and usual business addresses of the managing members or managers are as follows:	
PCL Civil constructors, Inc., 3810 Northdale Blvd. Suite 200, Tampa, FL 33624	
Archer Western Contractors, Ltd., Inc., 929 W. Adams Street, Chicago, IL 60607	
 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: 	rds in
Tractice of outsiness of purposes to be conducted of promoted in Florida.	
David Mona	
Signature of a member or an athorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
David T. Morgan, Manager	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the L	imited Liability Compai	ny is:	
<u> </u>	4 CONNECTOR F	UNDING COMPANY, LLC	
If unavailable, the alto	ernate to be used in the	state of Florida is:	
2. The name and the	Florida street address of	f the registered agent and office are:	
	ı	F&L Corp.	
		(Name)	
	One Indepen	ndent Drive, Suite 1300	
	Florida Street Addre	ess (P.O. Box <u>NOT</u> ACCEPTABLE)	_
	Jacksonville	FL 32202	
		City/State/Zip	
liability company at the agent and agree to act relating to the proper a	e place designated in this in this capacity. I furthe and complete performand	accept service of process for the above s certificate, I hereby accept the appoin er agree to comply with the provisions o ce of my duties, and I am familiar with o as provided for in Chapter 608, Florida	tment as registere of all statutes and accept the
Charle V.	Herik		
arles V. Hedrick,	Signature) Authorized Signate	ory	

Filing Fee for Application \$ 25.00 Designation of Registered Agent **Certified Copy (optional)**

Certificate of Status (optional)

\$ 100.00

\$ 30.00 \$ 5.00

By:



PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "I-4 CONNECTOR FUNDING COMPANY, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D.

2009

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I-4 CONNECTOR FUNDING COMPANY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4764611 8300

091098981

DATE: 12-15-09

AUTHENTYCATION: 7698427

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