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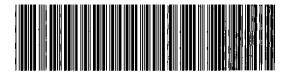
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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: PRISM ENGINEERING & DESIGN GROUP, LLC | | | |
| (Name of Limited Liability Company) | | | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| JASON L. HALL, PE | | | |
| (Name of Person) | | | |
| PRISM ENGINEERING & DESIGN GROUP, LLC | | | |
| (Firm/Company) | | | |
| 2300 PLANTSIDE DRIVE, SUITE B | | | |
| (Address) | | | |
| LOUISVILLE, KY 40299 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| JASON L. HALL | _ at (_502) 491-8891 | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| MAILING ADDRESS: | STREET ADDRESS: | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |
| Tallallassee, TE 32314 | Tallahassee, FL 32301 | | |
| Enclosed is a check for the following amount: \$\Bigcup \frac{125.00}{125.00}\$ \text{ Filing Fee} \text{ Fee, Certificate } \text{ Certified Copy} \text{ of Status } \text{ Certified Copy} \text{ of Status & Certified Copy} | | | |

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 BUSINESS IN THE STATE OF FLORIDA:

| 1. PRISM ENGINEERING & DESIGN GROUP, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C.," "LLC.") | |
| 2. KENTUCKY 3. 141945340 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. FEBRUARY 6, 2006 5. PERPETUAL | |
| (Date of Organization) (Duration: Year limited liability company will ceal exist or "perpetual") | se to |
| 6. UPON REGISTRATION | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. 2300 PLANTSIDE DRIVE, SUITE B | <u>E</u> n |
| LOUISVILLE, KY 40299 | 20 |
| (Street Address of Principal Office) | <u> </u> |
| 8. If limited liability company is a manager-managed company, check here | 전 전 전 |
| 9. The name and usual business addresses of the managing members or managers are as follows: | • |
| JASON L. HALL, 2300 PLANTSIDE DR, STE B, LOUISVILLE, KY 402 | 99_ |
| MICHAEL L. DANIEL, 2300 PLANTSIDE DR, STE B, LOUISVILLE, KY 4 | 0299 |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted.) | |
| 11. Nature of business or purposes to be conducted or promoted in Florida: CIVIL ENGINEE | RING |
| Esta | <u> </u> |
| Signature of a member or an authorized 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.) | |
| JASON L. HALL | |

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 Limited Liability Company is: | | | | |
|---|---|----------------------|--|--|
| PRISM ENGINEERING & DESIGN GROUP, LLC | | | | |
| If name unavailable | e, the alternate name to be used in the | state of Florida is: | | |
| 2. The name and the Florida street address of the registered agent and office are: | | | | |
| Northwest Registered Agent LLC | | | | |
| | (Name) | | | |
| 3111 W. Dr. MLK Blvd., STE 100-B180 Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | |
| | Piorida Street Address (1.0. Dox | NOT ACCEPTABLE) | | |
| Ta | ampa _{FL} | 33607 | | |
| | City/State/Z | 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 608, Florida Statutes.

Dan Keen-Manager

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Elaine N. Walker, Secretary of State

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 114719

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx.to-authenticate this certificate

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

W. A. J. Carrier School Co. S. C.

PRISM ENGINEERING & DESIGN GROUP, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 6, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalities owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 17th day of June, 2011, in the 220th year of the Commonwealth.



Elaine N. Walker
Secretary of State
Commonwealth of Kentucky
114719/0630842