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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company PAE-USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

B. BOSTICK

NOV 1 7 2014

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/14/2014



COVER LETTER

TO: Registration Section Division of Corporati	ons		
PAE-USA, LL	C	•	
	Name of Limit	ed Liability Company	
The enclosed "Application by Fi Existence, and check are submit	oreign Limited Liability Com led to register the above refer	pany for Authorization to l renced foreign limited liabi	Fransact Business in Florida," Certificate of lity company to transact business in Plorida
Please return all correspondence	concerning this matter to the	c following:	
JOHN COL	AGRANDE		
	N	fame of Person	
PAE-USA,	LLC		
	F	im/Company	
490 S FARE	ELL DRIVE, C-201		
 .		Address	
PALM SPR	INGS, CA 92262		
	City/S	Sinte and Zip Code	
John.Colagra	indc@archresourcesgrou	ո Ն ՝	
	E-mail address: (to be vec	d for flittere ammal report soti	(lention)
for further information concerni	ng this matter, please call:		Fo 😭
ASHLEY BRYDE	N	916 321	-4444 Parishine Telephone Number 3-5
Namo	of Contact Person	Area Code I	Daysime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Hox 6327 Tallahassee, Ft. 32314	Divisio Registr Clifton 2661 E Tallalu	ET ADDRESS; or of Corporations allon Section Building xecutive Center Circle assec, FL 32301	SSEE FLORIDA
Enclosed is a check for the □ \$125,00 Filing Fee	following amount: 13 \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Cortified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

liability Company," "L.L.C," or "LLC.")	of transacting business in Florids. The alternate name must include "Limited
CALIFORNIA	3. 46-0603153
(Jurisdiction under the law of which foreign limited liability company is organized)	(FBI number, if applicable)
JUNE 1, 2014	
(Date first transacted busines (See sections 605,0904 & 605,0	ss in Marida, if prior to registration.) 1905, F.S. to determine pendty liability)
490 S FARRELL DRIVE, C-201	
PALM SPRINGS, CA 92262	
	decis of Principal Office)
490 S FARRELL DRIVE, C-201	
PALM SPRINGS, CA 92262	7.5
(A)	Visiling Address)
7. The name, title or capacity and address of the p	1)
OHN COLAGRANDE, CHIEF OPERATING OFFICER, 490 S F	O-1 T
The state of the s	The state of the s
AUSTO MUNIZ, PRESIDENT, 490 S FARRELL DRIVE, C-201	
- 	
. Attached is an original certificate of existence, n	
aving custody of records in the jurisdiction under	the law of which it is organized. (A photocopy is not
aving custody of records in the jurisdiction under	
aving custody of records in the jurisdiction under eceptable. If the certificate is in a foreign language	the law of which it is organized. (A photocopy is not
aving custody of records in the jurisdiction under ceeptable. If the certificate is in a foreign language turst be submitted)	the law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translator
aving custody of records in the jurisdiction under coeptable. If the certificate is in a foreign language rust be submitted) Signature of accordance with section 603.0703, F.S., the execution of this document.	the law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translator of an authorized person considers an all muston under the penalties of person that the field stated herein are a
aving custody of records in the jurisdiction under coeptable. If the certificate is in a foreign language rust be submitted) Signature of accordance with section 603.0703, F.S., the execution of this document.	the law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translator of an authorized person

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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: PAE-USA, LLC				
If unavailable,	the alternate to be used in the state of Plorida is:			
2. The name a	and the Florida street address of the registered agent and office are:	SEGRETARY TALLAHASSE		
	NRAI SERVICES, INC.	PR 5		
	(Namo)	TARY VIII		
	1200 SOUTH PINE ISLAND ROAD	_~~~>		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	NE C		
	PLANTATION 33324 Cliv/Siate/Zlp			

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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Opplanger, Asst. Sec.

\$ 100.00
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Certified Copy (optional)
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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PAE-USA, LLC

FILE NUMBER:

201218210343

FORMATION DATE: TYPE:

06/25/2012

JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

2814 NOV I LA II: OLI
SECRETARY OF STATE
AND SEER FI ORIGINAL

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 7, 2014.

DEBRA BOWEN
Secretary of State