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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone (250) 205-3842 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.\*\*

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CH2M Facility Supp	
tificate of Status	0

Foreign Limited Liability Company

Certificate of Status	0
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K. SALY

OCT - 4 2016

## COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SHR IE/	CH2M Facility Sup	port Services, LLC				
SCUTE	JI;	Name of	Limited Liability	Company		
					ansact Business in Florida," Certifi y company to transact business in I	
Please re	eturn all correspondence	concerning this matter to the	following:			
	Cheryl Rimas					
		N	ame of Person			
	CH2M					
		Fi	rm/Company	***************************************		
	9191 S. Jamaid	za St				
			Address	• • • • • • • • • • • • • • • • • • • •		
	Englewood, Co	0 80112				
	· · · · · · · · · · · · · · · · · · ·	City/S	tate and Zip Code		· <del></del>	
•	cheryl.rimas@cl	12m.com				
		E-mail address: (to be used	for future annual	report no	tification)	
For furth	er information concerning	g this matter, please call:				
	Cheryl Rimas		720 at {	286-25	61	
	Name o	of Contact Person	Area Code	Da)	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallabassee, FL 32314	i		Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section wilding centive Center Circle see, FL 32301	
	l is a check for the follow \$125.00 Filling Fee	ing amount:  \$\Boxed{\Omega}\$ \$\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fills Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	E

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

1. CH2M Facility Suppor (Name of Fore		; must include "Limite	d Liability Company," "L.L.C.," or "	LLC.)
Liability Company," "L.L.C."		urpose of transacting b	usiness in Florida. The alternate name	must include "Limited
2. Delaware		3.		72
(Invisdiction under the law company is organized)	of which foreign limited liabilit	у	(FEI aumber, if applicable)	100
4	(Date first transacted by (See sections 605,0904 &	usiness in Florida, if p	rior to registration.)	三 三
9189 S Jamaica St., Er		605.0905, P.S. to det	ermine penalty hability)	်က္ပြီး မ
J				<b>元</b> 实 要
	(Street Address	s of Principal Office)		(20) <b>(5)</b> (3)
6. same as #5				<b>当</b> 。 <b>ひ</b>
	(Mail	ling Address)		
7. Name and street address	ss of Florida registered agent:	: (P.O. Box <u>NOT</u> a	cceptable)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Ro	oad		
	Plantation		, Florida33324	
Registered agent's accep	(City	/)	(Zip code)	
designated in this applicate to complywith the provision	tion, I hereby accept the app ons of all statutes relative to my position as registered age C T Corporatio By:	pointment as registe the proper and con ent.	for the above stated limited flabilitied agent and agree to act in this uplete performance of my duties,  M. Hugh	capacity. I further agree
8. The name, title or can:	acity and address of the perso	m(s) who has/have a	utbority to manage is/are:	
•	Manager - 2411 Dulles Corne			
Mark J. Rigatti - Manager	r - 200 Verdae Blvd, Greenvi	ile, SC 29607		
Vladimir Shifrin - Manag	er - 9191 S Jamaica St, Engle	ewood, CO 80112		
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the	O days old, duly auther cofficients in a	nenticated by the official having or foreign language, a translation of i	ustody of records in the the certificate under oath
	Signs	nture of au authorized	person	
This document is executed submitted in a document to	l in accordance with section 6 the Department of State con	607.0203 (1) (b), Flo stitutes a third degre	rida Statutes. I am aware that any te felony as provided for in 5.817.1	false information
	Vladimir Shifrin, Manager	-	-	

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CH2M FACILITY SUPPORT SERVICES, 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 THIRD DAY OF OCTOBER, A.D. 2016.

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

2016 OCT -3 AX 10: 35

5862632 8300

SR# 20166038033
You may verify this certificate online at corp.delaware.gov/authver.shtml

July by W. Elebert, Service by of St. Ma

Authentication: 203096875

Date: 10-03-16