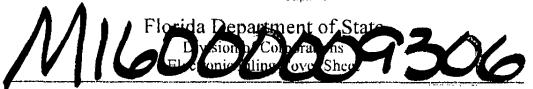
11/17/2016

Division of Corporations



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	cek for the following amount: .00 Piling Fee	& 13 \$155.00 Fil Certified Cop		160.00 Filing Fee, (latus & Certified Co	

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

•	
	IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	SNC-LAVALIN TRANSIT 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. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.")
	2 Delaware
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
:	4
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
·	5. 5000 Sawgrass Village Circle, Ste 5 Ponte Vedra Beach, Florida 32082
٠.	(Street Address of Principal Office)
	455 Rene-Levesque Blvd. West, Suite 15, Montreal, Ouchec, Canada H2Z 1Z3
	(Mailing Address)
	(Mailing Address)
	(Mailing Address)
entre e	7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: C T Corporation System
	Office Address: 1200 South Pine Island Road
	Plantation Florida 33324
	(City) (Xip code)
	Registered agent's acceptance:
	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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
	to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
	accept the obligations of my position as registered agent.
	By: CT Corporation System () Assistant Secretary
	(Registered agon's signature)
	8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
	Marc Devlin, Manager, 6 Wanita Road, Port Credit, Ontario, Canada L5G 1B1
· 1 ·	Michael Shaman, Manager, 1110-1028 Barclay Street, Vancouver, British Columbia, Canada V9P 0B1
•	
	9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
	Signature of an authorized person
	- W

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.

Christina Costy

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 "SNC-LAVALIN TRANSIT 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2016.

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

6217306 8300

SR# 20166688298

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

Authentication: 203357687

Date: 11-17-16