Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (614)280-3338
Fax Number: (954)208-0845

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

Email Address:

Foreign Limited Liability Company Kirlin Design Build, LLC

| Certificate of Status | 0 |
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COVER LETTER

| то: | Registration Section Division of Corporations | i | | | | | |
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| SUBJE | KIRLIN DESIGN BI | JILD, LEC | | | | | |
| | | Name of | Limited Liability Company | • | | | |
| The end Existen | closed "Application by Fore ee, and check are submitted | ign Limited Liability Com to register the above refer | pany for Authorization to T enced foreign limited liabil | ransact Business in Florida," Certificate of ity company to transact business in Florida | | | |
| Please i | return all correspondence co | ncerning this matter to the | following: | | | | |
| | · · · · · · · · · · · · · · · · · · · | N | ame of Person | | | | |
| | *************************************** | Firm/Company | | | | | |
| | | | | | | | |
| | | Address | | | | | |
| | | City/State and Zip Code | | | | | |
| | | E-mail address: (to be use | d for future annual report ne | otification) | | | |
| or funt | hor information concerning | · | | | | | |
| | Name of | Contact Person | at () Area Code Da | nytime Telephone Number | | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Division Registra Clifton 2661 Es | T ADDRESS: n of Corporations ntion Section Building recutive Center Circle ssee, FL 32301 | | | |
| inclosed | | g aniount: Il \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy | □ \$160 00 Filing Fee, Certificate of Status & Certified Copy | | | |

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

IN COMPLENCE WITH SECTION 605.0802, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

| COMPANYTOTRANSICTBO | SINESS INTILE STATE OF FLORID. | 4 | | | |
|--|---|--------------------------------|--|--|---------------------------------|
| KIRLIN DESIGN BUI | | | | | |
| (Name of For | eign Limited Liability Company; m | ist incl | ude "Limited Lie | ability Company," "L.L.C.," or "I | LLC.") |
| If name unavailable, enter a liability Company," "L.L.C. | ternate name adopted for the purpo | se of tr | ansacting busine | ss in Florida. The alternate name | must include "Limited |
| Delaware | | 2 | 47-5631459 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | ., | • | (FEI number, if applicable) | |
| Upon registration | | | | | |
| | (Date first transacted busin (See sections 605,0904 & 605 | ess in 1 5.0905, | lorida, if prior t F.S. to determin | o registration.) ie penalty liability) | |
| 515 Dover Road, Suite | 2100 | | | | |
| Rockville, MD 20850 | | | | | |
| eters a tot | (Street Address of | Princip | oal Office) | | |
| 515 Dover Road, Suite | 2100 | | | | 17 |
| Rockville, MD 20850 | | | | | <u>.</u> |
| | (Mailing | Addres | is) | | 725 1 |
| Name and street address | s of Florida registered agent: (P | .O. Be | x NOT accep | rable) | ن. الله |
| Name: | C T Corporation System | | | - | TOP_T to man in an amount |
| Office Address: | 1200 South Pine Island Road | | | ··· | ço AB |
| | Plantation | | | _ , Florida | <u> </u> |
| egistered agent's accep | (City) | | | (Zip code) | |
| laving been named as re- esignated in this applical complywith the provision | gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent. C T Corporation S By: | <i>tment</i> prope ystem | as registered a r and complete Chris Ricka | igent and agree to act in this e performance of my duties, a | capacity. I further as |
| | (Regis | tered a | gent's signature) | | |
| 3. The name, title or capa | city and address of the person(s) |) who: | has/have author | rity to manage is/are: | |
| Douglas Makosy, Presider | nt - 515 Dover Road, Suite 2 | 2100, | Rockville, M | D 20850 | |
| irt Wilder, CFO/Treasure | er - 515 Dover Road, Suite 2 | 2100, | Rockville, M | D 20850 | |
| harles Mitchell Secretor | v 515 Dover Road Suite 2 | 100 | Rockville MI | 20850 | |

of the translator must be submitted)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurnsilication under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath

Signature of an authorized person

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.

Charles + Mitchell
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 "KIRLIN DESIGN BUILD, 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 SIXTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 201828143

Date: 01-06-17