

M17000004619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

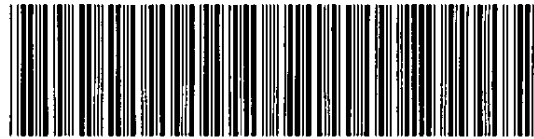
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COGENCYGLOBAL.COM

Date: May 31, 2017

Account#: I20000000088

Name: Marisa Kugelmann

Reference #: M089790

Entity Name: STRUCTURAL EDGE ENGINEERING, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

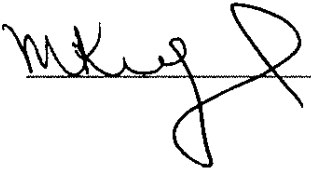
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

*\*Please retain  
original file  
date\**

Authorized Amount: \$125.00

Signature: 



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2017

COGENCYGLOBAL  
WALK-IN  
PICK-UP  
TALLAHASSEE, FL

SUBJECT: STRUCTURAL EDGE ENGINEERING, PLLC  
Ref. Number: W17000045390

We have received your document for STRUCTURAL EDGE ENGINEERING, PLLC. However, the document has not been filed and is being returned for the following:

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 917A00010750

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STRUCTURAL EDGE ENGINEERING, 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:

DAVID SANSOTTA

Name of Person

STRUCTURAL EDGE ENGINEERING, PLLC

Firm/Company

5509 N GLENWOOD STREET

Address

GARDEN CITY, ID 83714

City/State and Zip Code

davids@structuraledge.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID SANSOTTA

Name of Contact Person

at ( 208 )

Area Code

795-5105

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$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 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:

STRUCTURAL EDGE ENGINEERING, LLC

1. \_\_\_\_\_  
(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 "LLC.")

2. \_\_\_\_\_ ID \_\_\_\_\_ 3. \_\_\_\_\_ 46-1519527  
(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. \_\_\_\_\_ 5509 N Glenwood Street  
Garden City, ID 83714  
(Street Address of Principal Office)

6. \_\_\_\_\_ 5509 N Glenwood Street  
Garden City, ID 83714  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: \_\_\_\_\_ COGENCY GLOBAL INC.

Office Address: \_\_\_\_\_ 115 North Calhoun Street, Suite 4  
Tallahassee, Florida 32301  
(City) (Zip 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 comply with 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.

\_\_\_\_\_  
(Registered agent's signature)

Vikki Saeteurn, Assistant Secretary of COGENCY GLOBAL INC.

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

DAVID SANSOTTA, MANAGER 5509 N GLENWOOD STREET GARDEN CITY, ID 83714

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

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.

DAVID SANSOTTA, MANAGER

\_\_\_\_\_  
Typed or printed name of signer

# ***State of Idaho***

## **Office of the Secretary of State**

### **CERTIFICATE OF EXISTENCE**

**OF**

### **STRUCTURAL EDGE ENGINEERING, PLLC**

File Number W-119593

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named professional limited liability company filed a certificate of organization in Idaho on 12/05/2012.

I FURTHER CERTIFY That the professional limited liability company's certificate of organization has not been dissolved.

Dated: 5/26/2017 9:45 AM



A handwritten signature in black ink, appearing to read "Lawrence Denney".

**SECRETARY OF STATE**

Authentic Access Idaho Document ( <http://www.accessidaho.org/public/portal/authenticate.html> )  
Tag: b5ae5f5ff8d74087878da1e6c086478683ba6028e25dc0b7e0f0cabccb92fc3ae344760d7d494c