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COVER LETTER

10:	Division of Corporation	s				
SUBJE	CCT: Structural System					
		Name of L	imited Liability (Company		
					nsact Business in Florida," C company to transact busines	
Please	return all correspondence c	oncerning this matter to the	following:			
		Br	ian C Norton			
		Na	me of Person			
		Structural	Systems Engine	ering, LLC		
		Fir	m/Company			
		613 Herit	age Road			
			Address			
	 	Easley, S				
		City/St	ate and Zip Code			
		bnorton@mystruct	uralsystems.cor	n		
	 	E-mail address: (to be used	for future annual	report not	fication)	
For fun	ther information concerning	g this matter, please call:				
	Brian C Norton		at (<u>864</u>	_)505-9	776	
	Name of	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS:			STREET	ADDRESS:	
	Division of Corporations				of Corporations	
	Registration Section			_	on Section	
	P.O. Box 6327 Tallahassee, FL 32314				cutive Center Circle ce, FL 32301	
Enclose	ed is a check for the followi					
	☎ \$ 125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cert 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:

If name unavailable, enter alternate t	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited	ed Liability Company," "L.L.C," or "LLC.")
2. South Carolina (Junsdiction under the law of w	hich foreign limited liability company is organized)	3. <u>81-5466445</u> (FEI	number, if applicable)
1 N/A			
••	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	registration.) ne penalty liability)	
5. 613 Heritage Road (Street Address of	Easley, SC 29640 Principal Office)	6. 613 Heritage Road.	Easley, SC 29640
			T _S :
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	LLAHA EGRET
Name:	Registered Agents, Inc.	<u> </u>	SSE
Office Address:	3030 N. Rocky Point Drive, Suite 15	50A	ille 💆 🔟
	Tampa	, Florida <u>33607</u>	LOTA STA
	(C)-1	,~··	~ ~ •
Having been named as re designated in this applica to comply with the provis	(City) otance: egistered agent and to accept service of p stion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	process for the above stated lim s registered agent and agree to	act in this capacity. I further agr
Having been named as re designated in this applica to comply with the provis	stance: egistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper	process for the above stated lim s registered agent and agree to and complete performance of t	ited liability company at the place act in this capacity. I further agr
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Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

STRUCTURAL SYSTEMS ENGINEERING, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on February 23rd, 2017, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 12th day of July, 2017.

Mark Hammond, Secretary of State