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COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ns					
SUBJE	Via Rail Engineerin	g Services, LLC					
C14143433	· · · · · · · · · · · · · · · · · · ·	Name of	Limited Liability (Company			
The enc Existenc	losed "Application by Force, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted Hability	ansact Business in Florida, y company to transact bus	." Certificat iness in Flo	e of rida,
Please re	eturn all correspondence o	concerning this matter to the	following:				
	Michelle						
		N	ame of Person			_	
	Via Rail Engin	eering Inc.					
		F	irm/Company			_	
	14727 Maribel	Road, PO Box 137				_	
	-		Address			_	
	Maribel, WI 54	1227					
		City/S	tate and Zip Code				
	mwotachek@yvia	railengineering.com					
		E-mail address: (to be use	d for future annual	report not	ification)	_	
For furtl	her information concernin	g this matter, please call:				_	
	Michelle		920 at (367-20			-:7
	Name o	of Contact Person	Area Code		time Telephone Number	1	AND THE PERSON NAMED IN
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section wilding centive Center Circle see, FL 32301	211 COT 10 12 12 23	FILED
Enclose	d is a check for the follow \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160,00 Filing Fee, Cof Status & Certified Co		

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

IN COMPLANCE WITH SECTION (05:00), FLORIDA SEATUREN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE SEATE OF FLORIDA:

	Tamper Paterny Company, mass menate 1.	united Liability Company," "L.L.C.," or "LLC	<i>1</i>
(II name anavadable, emer alternate)	ume adopted for the purpose of transacting business	in Florida. The attenuate name must metade "Limited	Lubility Company," "L.F.C," or "LFC,")
2. Wisconsin			
(Jurisdiction under the Liw of w	fach foreign himsed hability company is organized)	सिन्त न	umber, if applicable)
4			
	(Date first transacted business in Florid c it pr (See sections 605 0,814 & 605 0,915, F.S., to d	nar to registration) leteranne periodry hability)	
5. 14727 Maribel Road (Street Address of		6. PO Box 137	
Maribel, WI 54227	rancipal (Phice)	(Maribel, WI 54227	Address)
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	InCorp Services, Inc.		
Office Address:	17888 67th Court North		
	Loxabatchee		
	(Cnv)	, Florida 33470	Crok)
and accept the obligation	s of my position of registered agent.	′)	
8. The name, title or caps	s of my position of registered agent (R) 25 km / s acity and address of the person(s) wh	Kathy Shin on behalf	of InCorp Services, Inc.
	s of my position of registered agent	Kathy Shin on behalf (Mathy Shin on behalf (Mathy Shin on behalf (Mathy)) No has/have authority to manage is/are Title or Capacity:	of InCorp Services, Inc.
8. The name, title or cap	acity and address of the person(s) when Name and Address: Colin Schaffnit	Kathy Shin on behalf	of InCorp Services, Inc. :: Name and Address: Benedetto Guido
8. The name, title or caps Title or Capacity:	acity and address of the person(s) when Name and Address: Colin Schaffnit 14727 Maribel Road	Kathy Shin on behalf (Mathy Shin on behalf (Mathy Shin on behalf (Mathy)) No has/have authority to manage is/are Title or Capacity:	of InCorp Services, Inc. :: Name and Address:
8. The name, title or caps Title or Capacity:	acity and address of the person(s) when Name and Address: Colin Schaffnit	Kathy Shin on behalf (Mathy Shin on behalf (Mathy Shin on behalf (Mathy)) No has/have authority to manage is/are Title or Capacity:	of InCorp Services, Inc. Name and Address: Benedetto Guido 14727/Maribel Road
8. The name, title or caps Title or Capacity:	acity and address of the person(s) when Name and Address: Colin Schaffnit 14727 Maribel Road	Kathy Shin on behalf (Mathy Shin on behalf (Mathy Shin on behalf (Mathy)) No has/have authority to manage is/are Title or Capacity:	Name and Address: Benedetto Guido 14727 Maribel Road Maribel; WI 54227
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) when Name and Address: Colin Schaffnit 14727 Maribel Road	Kathy Shin on behalf (Mathy Shin on behalf (Mathy Shin on behalf (Mathy)) No has/have authority to manage is/are Title or Capacity:	Name and Address: Benedetto Guido 14727 Maribel Road Maribel; WI 54227
8. The name, title or caps Title or Capacity: Manager	acity and address of the person(s) when Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227	Kathy Shin on behalf (Mathy Shin on behalf (Mathy Shin on behalf (Mathy)) No has/have authority to manage is/are Title or Capacity:	Name and Address: Benedetto Guido 14727:Maribel Road Maribel; WI 54227
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces	s of my position of registered agent (R) sixtered agent (R) sixt	Kathy Shin on behalf on has/have authority to manage is/are Title or Capacity: Authorized Member	Name and Address: Benedetto Guido 14727 Maribel Road Maribel; W1 54227
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) when Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227 sary) of existence, no more than 90 days of which it is organized. (If the certification)	Kathy Shin on behalf (Mathy Shin on behalf (Mathy Shin on behalf (Mathy)) No has/have authority to manage is/are Title or Capacity:	Name and Address: Benedetto Guido 14727 Maribel Road Maribel; W1 54227
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) when Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227 sary) of existence, no more than 90 days of which it is organized. (If the certification)	Kathy Shin on behalf on has/have authority to manage is/are Title or Capacity: Authorized Member	Name and Address: Benedetto Guido 14727: Maribel Road Maribel; W1 54227
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be selected. This document is executed.	s of my position of registered agent (Ryzistered agent) acity and address of the person(s) who Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227 sary) of existence, no more than 90 days of which it is organized. (If the certiful bimitted) uted in accordance with section 605.0	Kathy Shin on behalf on has/have authority to manage is/are Title or Capacity: Authorized Member old, duly authenticated by the official ficate is in a foreign language, a trans	Name and Address: Benedetto Guido 14727:Maribel Road Maribel; W1 54227 having custody of records in the lation of the certificate under oath
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	s of my position of registered agent (Ryzistered agent) acity and address of the person(s) who Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227 sary) of existence, no more than 90 days of which it is organized. (If the certiful bimitted) uted in accordance with section 605.0	Kathy Shin on behalf on has/have authority to manage is/are Title or Capacity: Authorized Member old, duly authenticated by the official ficate is in a foreign language, a trans	Name and Address: Benedetto Guido 14727:Maribel Road Maribel; W1 54227 having custody of records in the lation of the certificate under oath
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be selected. This document is executed.	sof my position of registered agent (Ryzistered agent) acity and address of the person(s) who Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227 sary) of existence, no more than 90 days of which it is organized. (If the certifulbritted) uted in accordance with section 605.0 of the Department of State constitutes Color of the Department of State constitutes Color of the Department of State constitutes	Kathy Shin on behalf on has/have authority to manage is/are Title or Capacity: Authorized Member Old. duly authenticated by the official ficate is in a foreign language, a trans O203 (1) (b). Florida Statutes, I am awa third degree felony as provided for	Name and Address: Benedetto Guido 14727:Maribel Road Maribel; W1 54227 having custody of records in the lation of the certificate under oath
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be selected. This document is executed.	sof my position of registered agent (Ryzistered agent) acity and address of the person(s) who Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227 sary) of existence, no more than 90 days of which it is organized. (If the certifulbritted) uted in accordance with section 605.0 of the Department of State constitutes Color of the Department of State constitutes Color of the Department of State constitutes	Kathy Shin on behalf on has/have authority to manage is/are Title or Capacity: Authorized Member old, duly authenticated by the official ficate is in a foreign language, a trans	Name and Address: Benedetto Guido 14727:Maribel Road Maribel; W1 54227 having custody of records in the lation of the certificate under oath
8. The name, title or cape Title or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	sof my position of registered agent (Ryzistered agent) acity and address of the person(s) who Name and Address: Colin Schaffnit 14727 Maribel Road Maribel, WI 54227 sary) of existence, no more than 90 days of which it is organized. (If the certifulbritted) uted in accordance with section 605.0 of the Department of State constitutes Color of the Department of State constitutes Color of the Department of State constitutes	Kathy Shin on behalf on has/have authority to manage is/are Title or Capacity: Authorized Member Old. duly authenticated by the official ficate is in a foreign language, a trans O203 (1) (b). Florida Statutes, I am awa third degree felony as provided for	Name and Address: Benedetto Guido 14727:Maribel Road Maribel; W1 54227 having custody of records in the lation of the certificate under oath

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I. Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

VIA RAIL ENGINEERING SERVICES, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 05, 2017.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

and of Vinancial Parties of Wiscont and

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 04, 2017.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 207724-323DB59F