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CT Corp.

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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 6/4/18

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Acc#120160000072 SM

Name:	Katerra Engineering, LLC
Document #:	
Order #:	10998832

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
CC of Articles of Amendment 9/25/2014			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	

Filing:	Certified:	
	Plain:	
	COGS:	

Availability	
Document	Amount: \$ 155
Examiner	
Updater	
Verifier	
W.P. Verifier	
Ref#	
	Therefore
	(Thank you!)

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

	me adopted for the purpose of transacting business in Flor		N/A				
2. DE Ouristiction under the law of wh	ich foreign lanated liability company is organized)	3.		(FEI number, if a	applicable)		_
4 upon filing			<u></u>		-		
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	ic pendty	.) Irability)				
c 2494 Sand Hill Rd.		6.	2494 Sand Hill	Rd.			
5. 2494 Sand rint Ru. (Sneet Address of P	nincipal Office)	Q .	·	(Mailing Address)			
Stc. 100			Stc. 100				_
Menlo Park, CA 94025			Menlo Park, C	A 94025	2	<u> </u>	
Memo Cark, CA 94025					24.10	 	===
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)		143	U¦i − k	E Level F ^{eler}
Name:	C T Corporation System				8.4.4.4 4.4		2
Office Address:	1200 South Pine Island Road					<u>, 1</u>	1
	Plantation		, Florida	33324		<u>ت</u>	,,
	(Cny)			(Zip code)	- T	\mathbb{N}	

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.

By:	C T Corporation System (Jan M Hof Lames Halpin, Assistant Secretary
	(Registered ngon)	Jaiguatine)

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

Name and Address:

Manager	Joanne Solomon 2494 Sand Hill Rd., Stc. 100 Mento Park, CA 94025	

(Use attachments if necessary)

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)

10. 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.

Joanne Solomon	
<u>CD68CE347E68413</u>	Signature of an authorized person
Joanne Solomon	

Typed or printed name of signee

¹ Katerra Engineering LLC



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KATERRA ENGINEERING 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 FIRST DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KATERRA ENGINEERING LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2017.

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



Accentary of State

Authentication: 202807153 Date: 06-01-18

Page 1

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SR# 20184904045 You may verify this certificate online at corp.delaware.gov/authver.shtml