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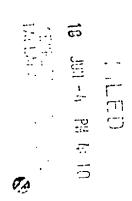
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
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Office Use Only



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## COVER LETTER

SUBJECT:	Fehr & Peers DC, LLC	of Limited Liability (	***************************************
		•	• •
	"Application by Foreign Limited Liability Cond check are submitted to register the above ref		
Please return	all correspondence concerning this matter to the	he following:	
	Marion Donnelly		
		Name of Person	
	Fehr & Peers, LLC		
		Firm/Company	<del> </del>
	100 Pringle Avenue Suite 600		
		Address	<del></del>
	Walnut Creek, CA 94596		
	City	/State and Zip Code	
	m.donnelly@fehrandpeers.com		
	E-mail address: (to be u	sed for future annual	report notification)
For further in	formation concerning this matter, please call:		
Ма	rion Donnelly	925	977-3214
_	Name of Contact Person	at ( Area Code	Daytime Telephone Number
Divi Reg P.O	ision of Corporations istration Section Box 6327 ahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
<b>,⊠</b> '\$	check for the following amount:  125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
VED	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		

## COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:		rofessional Limited Liability	Corporation			
SUBJECT.		Name of	Limited Liability C	ompany		
		reign Limited Liability Comp ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	Marion Donne	lly				
		N	ame of Person	·		
	Fehr & Peers					
		Fi	rm/Company			
	100 Pringle Av	enue Suite 600				
			Address			
	Walnut Creek,	CA 94596				
		City/S	tate and Zip Code			
	m.donnelly@feh	randpeersdc.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	formation concerning	g this matter, please call:				
Ma	rion Donnelly		925 at (	977-32 )		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin	g Fee &	☐ \$160.00 Filing Fee, Co	

# 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 name)  2. District of Columbia (Jurisdiction under the law of which	e adopted for the purpose of transacting husiness in Flor		
	the property of the post of th	rida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LI.C,")
Oursaichon under die law of write	b Community of the Landson	3. <u>47-3310714</u>	
	n toreign itmited transitiv company is organized)	MIPU (5:2)	ær, if applicable)
4. To be determined	(Date first transacted business in Florida, if prior to	registration.)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine		
5. 1003 K Street NW Suite (Street Address of Prin	209	6. 1003 K Street NW Suite 20 (Mailing Add	)9 mus)
Washington, DC 20001		Washington, DC 20001	
	<del></del>		
7. Name and street address	of Florida registered agent: (P.O. Box	NOT_acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301 (Zip cod	
Registered agent's accepta	(City)	(Zip cod	(c)
<u> </u>	See attached (Revistered avent's	signanure)	
_	(Registered agent's		
_			Name and Address:
8. The name, title or capaci	(Registered agent's sity and address of the person(s) who ha	as/have authority to manage is/are:	Name and Address:  Marion Donnelly
8. The name, title or capacity:	(Registered agent's sity and address of the person(s) who ha  Name and Address:	as/have authority to manage is/are: Title or Capacity:	_ <del></del>
8. The name, title or capacity:	(Registered agent's sity and address of the person(s) who han Name and Address:  Matthew D. Ridgway  1003 K Street NW Suite 209	as/have authority to manage is/are: Title or Capacity:	Marion Donnelly 100 Pringle Avenue Suite 600
8. The name, title or capaci  Title or Capacity:  President	ity and address of the person(s) who ha  Name and Address:  Matthew D. Ridgway  1003 K Street NW Suite 209  Washington, DC 20001	as/have authority to manage is/are: Title or Capacity:	Marion Donnelly 100 Pringle Avenue Suite 600
8. The name, title or capacity:	ity and address of the person(s) who ha  Name and Address:  Matthew D. Ridgway  1003 K Street NW Suite 209  Washington, DC 20001	as/have authority to manage is/are: Title or Capacity:	Marion Donnelly 100 Pringle Avenue Suite 600
8. The name, title or capaci  Title or Capacity:  President  (Use attachments if necessa)  9. Attached is a certificate of	ity and address of the person(s) who ha  Name and Address:  Matthew D. Ridgway  1003 K Street NW Suite 209  Washington, DC 20001  ry)  f existence, no more than 90 days old. ("which it is organized. (If the certificate	as/have authority to manage is/are:  Title or Capacity:  Manager  duly authenticated by the official ha	Marion Donnelly  100 Pringle Avenue Suite 600  Walnut Creek, CA 94596  aving custody of records in the
8. The name, title or capaci Title or Capacity: President  (Use attachments if necessa 9. Attached is a certificate or jurisdiction under the law of of the translator must be sub 10. This document is execute	(Registered agent's sity and address of the person(s) who hat Name and Address:  Matthew D. Ridgway  1003 K Street NW Suite 209  Washington, DC 20001  ry)  f existence, no more than 90 days old, of which it is organized. (If the certificate mitted)  ed in accordance with section 605.0203	duly authenticated by the official has is in a foreign language, a translat	Marion Donnelly  100 Pringle Avenue Suite 600  Walnut Creek, CA 94596  aving custody of records in the ion of the certificate under oath
8. The name, title or capaci Title or Capacity: President  (Use attachments if necessa 9. Attached is a certificate or jurisdiction under the law of of the translator must be sub 10. This document is execute	ity and address of the person(s) who ha  Name and Address:  Matthew D. Ridgway  1003 K Street NW Suite 209  Washington, DC 20001  ry)  f existence, no more than 90 days old, of which it is organized. (If the certificate mitted)	duly authenticated by the official has is in a foreign language, a translat	Marion Donnelly  100 Pringle Avenue Suite 600  Walnut Creek, CA 94596  aving custody of records in the ion of the certificate under oath

Typed or printed name of signee

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

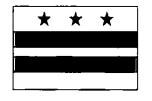
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(frame import	ilable, enter alternate m	arms educated for the mirrors of tra	ensection business in Florida	The al	ternate name must include "Limited Liabiht	y Company," "L L.C," or "LLC.")
	of Columbia	and another for the himbory of an			47-3310714	, , , , ,
(Jurisdict	ion under the law of wr	uch foreign limited liability compa	iny is organized)	.ز	(FE) number,	if applicable)
To be (	determined					
. 10 000	determined	(Date first transacted busine (See sections 605.0904 & 6	as in Florida, if prior to regi	stranon	) Laboratoria	
1002 1	Comes NIVI Suit		05.0905, P.S. to determine (			
1003 K	Street NW Sui			6.	1003 K Street NW Suite 209 (Mailing Address	) ; ; ;
Washir	ngton, DC 20001				Washington, DC 20001	
			<del></del>			
			<del></del>			
Name a	and street addres	s of Florida registered a	agent: (P.O. Box 1	NOT 8	ecceptable)	
1	Name:	Corporation Service (	Company		- <u></u>	芸
_	\m_ + > 1	1201 Hays Street				. 5
C	Office Address:	1201 112/3 01.001	<del>-, , , , </del>		<del></del>	Ø4
	•	Tallahassee	(City)		, Florida 32301 (Zip code)	<del></del>
egister <del>e</del> (	d agent's accep	tance:				
па ассер	the obligation:	s of my position as regi Corporation Service	stered agent. c Company		mplete performance of my du	ties, and I am familiar —
	of the obligation:	s of my position as region Corporation Service  By: / 9 / 1	stered agent. ce Company (Registered agent's sign	nanec)		ties, and I am familiar
I. The na	of the obligation:	s of my position as region Corporation Service  By: / 9 / 1	kered agent. (Reputered spent's sign person(s) who has	have	authority to manage is/are:	ties, and I am familiar
3. The na	of the obligations  ame, title or caps  or Capacity:	By: / 9 Ame and A Matthew D. I	Registered agent's sign person(s) who has/ Address:	have :	authority to manage is/are:	Name and Address:  Marion Donnelly
The na	of the obligations  ame, title or caps  or Capacity:	By: / 9 Ame and A Matthew D. I	recompany  (Registered agent's sign  person(s) who has/ Address:  Ridgway  et NW Suite 209	have :	authority to manage is/are:	Name and Address:
The na	of the obligations  ame, title or caps  or Capacity:	By: /9 And address of the Name and A Matthew D. 1	recompany  (Registered agent's sign  person(s) who has/ Address:  Ridgway  et NW Suite 209	have :	authority to manage is/are:	Name and Address:  Marion Donnelly  100 Pringle Avenue Su
. The na Title	of the obligations  ame, title or caps  or Capacity:  dent	S of my position as regis Corporation Service  By: 99	recompany  (Registered agent's sign  person(s) who has/ Address:  Ridgway  et NW Suite 209	have :	authority to manage is/are:	Name and Address:  Marion Donnelly  100 Pringle Avenue Su
. The na Title Presid	ame, title or caps or Capacity: dent	Sof my position as registed Corporation Service  By: 19	person(s) who has/Address: Ridgway et NW Suite 209 DC 20001	have (	authority to manage is/are: tle or Capacity: lanager	Name and Address:  Marion Donnelly  100 Pringle Avenue St  Walnut Creek, CA 945
The na Title President  Use attacherisdictio	ame, title or capa or Capacity: dent	s of my position as regis Corporation Service By: 99	person(s) who has/Address: Ridgway Et NW Suite 209 DC 20001  han 90 days old, du	have:  N	authority to manage is/are:	Name and Address:  Marion Donnelly  100 Pringle Avenue St Walnut Creek, CA 945
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Initial File #: L00005114859 Entity Type: LLC

## GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



# CERTIFICATE

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

Fehr & Peers - DC PLLC

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 3/4/2015; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 5/7/2018 8:37 AM

COMPARATION DIVISION OF THE PARAMETERS OF THE PA

Muriel Bowser Mayor Business and Professional Licensing Administration

PATRICIA E. GRAYS Superintendent of Corporations Corporations Division

Tracking #: 6742LUCf

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



THIS IS TO CERTIFY that the attached is a true and correct copy of the documents for this entity as shown by the records of this office.

Fehr & Peers - DC PLLC

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 5/7/2018 8:39 AM

OF COLLING OF COLLING

Muriel Bowser Mayor

Tracking #: rlz9Tje8

Business and Professional Licensing Administration

PATRICIA E. GRAYS

Superintendent of Corporations

Corporations Division