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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	···_ ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

то:	Registration Section Division of Corporation	ons					
SHRI	WBCM Constructi	on Services, LLC					
.7(71)		Name of	Limited Liability (Company	· · · · · · · · · · · · · · · · · · ·		
					ansact Business in Florida," Certificate of y company to transact business in Florida,		
Please	return all correspondence	concerning this matter to the	following:				
	Melissa Bisser	n					
		N'	ame of Person	-			
	WBCM Const	ruction Services, LLC					
		l±	irm/Company				
	300 East Jopp	300 East Joppa Road, Suite 200					
	Address						
	Baltimore, MD 21286						
		City/S	tate and Zip Code	-			
	mbissen@wben	1.com					
		E-mail address: (to be use	d for future annual	report no	tification)		
For fu	rther information concerni	ng this matter, please call:					
Melissa Bissen		410 at (512-45				
	Name	of Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section duilding recutive Center Circle see, FL 32301		
Enclos	sed is a check for the follow S125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$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 6902, FLORIDA SECTIOTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SECTE OF FLORIDA.

(Name of Foreign	Climited Liability Company, must includ	le "Limited Liability Company," "L.I. C.," or "LL	<u>C ")</u>
(If name mayadable, enter alternate)	name adopted for the purpose of transacting bus	ances in Florida. The afternate name most melade "Limnes	d Liability Company Till, L.C.Tor (LLC1)
2 Maryland		3 20-1200344	
(Jimisdiction under the law of w	each foreign lawfed hability company is organia	(FFI)	number, if applicable)
a. October or November	2018		
	(Date first transacted business in Florida (See sections 605 0904 & 605 0905, F.S.)	i, if prior to registration (to determine penalty liability)	
5, 300 East Joppa Road,		6. 300 East Joppa Road, S	Suite 200
(Street Address of Principal Office)		(Mailing	Address) — —
Baltimore, MD 21286		Baltimore, MD 21286	AL SE
			GR SA T
	-		30 8 -
7. Name and street addres	ss of Florida registered agent: (P	O. Box NOT acceptable)	FILED SECRETARY OF STALLAHASSEE, FI
	•	,	m m
Name:	CT Corporation System		i i i i
Office Address:	1200 Pine Island Road		1:2
	Plantation		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(City)	, Florida <u>33324</u>	
Registered agent's accep	,	(Zip	o code)
Having been named as re	gistered agent and to accept ser	vice of process for the above stated limi	ited liability company at the place
designated in this applica	tion. I hereby accept the appoint	tment as registered agent and agree to d	act in this capacity. I further agree
to comply with the provision	ions of all statutes relative to the s of my_position as registered ag	proper and complete performance of n	ny duties, and I am familiar with
and accept the nongation.	~ 70 A A	James W. Halbin	
	Jan 19 Hoj	Assistant Secretary	
	UR capiston	ed agent's signature)	
8. The name, title or capa	acity and address of the person(s)	who has/have authority to manage is/arc	e.
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Pres.	Lyle Aaby	SVP	Action District
	300 EAST JOPPA R		Mike Baker 300 ENST TOPPH ROAD SUTTE 20
	BALTIMORE MI	D 21286	BALTIMORE, YND 21286
Ex.VP			
EX.VF	Marco Legaluppi 300 EAST TOPPA R	AND SUFFE 200	
	BALTIMEZE m	TO ALIGH	···
	PARCILING ACC 711.	11 St (2015)	
(Use attachments if neces:	•	97 ~ 134 g C	

- 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.

Signature of a sufficienced person

Lyle NABY - Prestably

Typed or printed name of signee

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT WBCM CONSTRUCTION SERVICES, LLC (W10034221), REGISTERED JUNE 07, 2004, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 17, 2018.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: Sis3TbpTAkqS6RezVQ7eYw To verify the Authentication Code, visit http://dat.maryland.gov/verify