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Registration Section Division of Corporations

TO:

SUBJECT:		IEA Constr	uctors, LLC					
_	, ,	Name of	Limited Liability	Company			_	
The enclosed ". Existence, and	Application by Fo check are submitte	reign Limited Liability Comed to register the above refer	ipany for Authoriz renced foreign lim	ation to Tr ited liabili	ransact Business ty company to tra	in Florida ansact bus	" Certi iness in	ficate of Florida
Please return al	ll correspondence	concerning this matter to the	following:					
	Juanita Suffiya	n. Paralegal						
			Same of Person				_	
	Foley & Lardn	er L.f.P						
		F	irm/Company		· <u> </u>		_	
	321 North Clar	k Street, Suite 2800						
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	<u> </u>	City/S	State and Zip Code				 	
	jmsullivant@fole	y.com					Ŋ	
		E-mail address: (to be use	d for future annua	l report no	tification)	r'	_ ı	
For further info	rmation concernin	g this matter, please call:				٠.	ထ	
Juania ———————————————————————————————————	a Sullivan, Paraleg	gal	312 at (-4725			
	Name c	of Contact Person	Area Code	Day	rtime Telephone	Number	-	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section suilding ecutive Center C see, FL 32301			
	eck for the follow 5.00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160,00 Fil of Status & Ce			le

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

(Name of Foreig						
	n Limited Liability Company, must include "Limit	ed Liability Co	ompany," "ELC," oc "FEC"	'n		
raine muvailable, enter alternate	name adopted for the purpose of transacting business in U.	onda. The altern	ate name must include "I imited I)	ability Congram	v,""FTC;" or	"1 1.C
Wi	sconsin		0-141490		•	
Ourisdiction under the law of	which toreign limited liability company is organized;	ے	(FEI mur	nher, if applicab	ile)	
	(Date first transacted business in Florida, it poor to (See sections 605 0904 & 605 0905, F.S. to determ	une penulty liabs	·-			
6325 Digital Way, Su (Street Address of	Process Offices	6. <u>63</u>	325 Digital Way, Suite 4 (Mailing Ad	60		
Indianapolis, 1N 4627		(Stailing Address) Indianapolis, 1N 46278				
		_				
						
	ess of Florida registered agent: (P.O. Box	NOT acco	eptable)			
Name:	CT Corporation System			- -	ان ت ع	
63.00	1200 South Pine Island Road			-	Œ	
Office Address:					-	
Office Address:	Plantation		marian 33324			
gistered agent's acception been named as resignated in this application of the provision of	(Cay) ptance: egistered agent and to accept service of partition. I hereby accept the appointment a gions of all statutes relative to the properts of my position as registered against	s registered and comp	l agent and agree to act lete performance of my	l liability.c	parity I fu	reli
egistered agent's acception of the second agent of the second as resignated in this application of the provision of the provi	ctance: egistered agent and to accept service of attion. I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agant.	is registered and compi w PAC	the above stated limited Lagent and agree to act lete performance of my	l liability c in this cap duries, and	pacity. I fu d Lum fam &	rthe iliai
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Typed or printed name of signer

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, Departmer Financial Institutions, do hereby certify that

IEA CONSTRUCTORS, LLC

- is a domestic corporation or a domestic limited liability company organized under the laws of this state ε its date of incorporation or organization is July 29, 1983.
- I further certify that said corporation or limited liability company has, within its most recently completed year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and has not filed articles of dissolution.



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IN TESTIMONY WHEREOF, I have hereur my hand and affixed the official seal of the Department on March 06, 2019.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Service 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: 220/07 040/4044