

M1900000 6241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

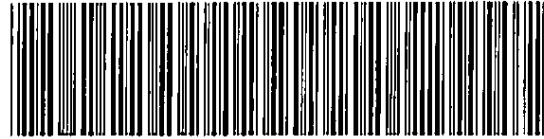
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Z BROWN

JUN 27 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/26/2019

Name: Merritt Walker

Reference #: 1094058

Entity Name: COLLIERS PROJECT LEADERS USA NE, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other

Authorized Amount: \$125

Signature: MW

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:

1. COLLIERS PROJECT LEADERS USA NE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. CONNECTICUT 3. 06-1468602
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 135 NEW ROAD 6. 135 NEW ROAD
(Street Address of Principal Office) (Mailing Address)
MADISON, CT 06443 MADISON, CT 06443

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
(City) (Zip code)

Registered agent's acceptance:

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.

Corporation Service Company

By: Judith Reyes

(Registered agent's signature)

Judith Reyes
Assistant Secretary

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

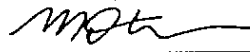
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: MATTHEW HAWKINS	<input checked="" type="checkbox"/> Manager	Name: JONATHAN WINKUR
<input type="checkbox"/> Member	Address: 1140 BAY STREET	<input type="checkbox"/> Member	Address: 135 NEW ROAD
<input type="checkbox"/> Authorized	SUITE 4000, TORONTO, ON	<input type="checkbox"/> Authorized	MADISON, CT 06443
Person	M5S 2B4 CANADA	Person	
<input checked="" type="checkbox"/> Other SECRETARY	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other PRESIDENT	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: GEORGE L. SCHWAB, IV	<input checked="" type="checkbox"/> Manager	Name: KAREN WHITT
<input type="checkbox"/> Member	Address: 666 FIFTH AVENUE	<input type="checkbox"/> Member	Address: 1110 NORTH GLEBE ROAD
<input type="checkbox"/> Authorized	NEW YORK, NY 10103	<input type="checkbox"/> Authorized	SUITE 610, ARLINGTON, VA 22201
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

DocuSigned by:



Signature of an authorized person

MATTHEW HAWKINS

Typed or printed name of signer

FILED

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

COLLIERS PROJECT LEADERS USA NE, LLC

a domestic limited liability company, were filed in this office on April 02, 2015.

Articles of amendment for SBS II, LLC, changing its name to STRATEGIC BUILDING SOLUTIONS, LLC, were filed on April 10, 2015.

Articles of amendment for STRATEGIC BUILDING SOLUTIONS, LLC, changing its name to COLLIERS PROJECT LEADERS USA NE, LLC, were filed on June 21, 2019.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.



Secretary of the State

Date Issued: June 24, 2019