

MI900000735

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

19 JUL 30 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FL

**Foreign Limited Liability Company
EllisDon Facilities Services (MDC) LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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JUL 31 2019

M. SOLOMON

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. EllisDon Facilities Services (MDC) LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine priority liability.)

5. 2045 Oxford Street East
(Street Address of Principal Office)

6. 1004 Middlegate Road, Suite 1000
(Mailing Address)

London, Ontario N5V 2Z7

Mississauga, Ontario L4Y 1M4

Canada

Canada

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
(Registered agent's signature)

April Wittenwyler
Assistant Secretary

2019 JUL 30 PM 2:36

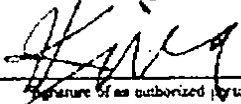
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>EllisDon Facilities Services (U.S.) Inc.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Geoffrey M. Smith</u>
<input checked="" type="checkbox"/> Member	Address: <u>2045 Oxford Street East</u>	<input type="checkbox"/> Member	Address: <u>1004 Middlegate Road</u>
<input type="checkbox"/> Authorized	<u>London, Ontario</u>	<input type="checkbox"/> Authorized	<u>Suite 1000</u>
Person	<u>N5V 2Z7 Canada</u>	Person	<u>Mississauga, Ontario L4Y 1M4 Canada</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input checked="" type="checkbox"/> Manager	Name: <u>John Bernhardt</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>1004 Middlegate Road</u>
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	<u>Suite 1000</u>
Person	_____	Person	<u>Mississauga, Ontario L4Y 1M4 Canada</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input checked="" type="checkbox"/> Manager	Name: <u>James M. King</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>1004 Middlegate Road</u>
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	<u>Suite 1000</u>
Person	_____	Person	<u>Mississauga, Ontario L4Y 1M4 Canada</u>
<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.


 Signature of an authorized person
 JAMES M. KING
 Typed or printed name of signer

2019 JUL 30 PM 2:36
 11-11-19

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ELLISDON FACILITIES SERVICES (MDC)
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 TWENTY-FOURTH DAY OF JULY, A.D. 2019.

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



7525977 8300

SR# 20196142331

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203280496

Date: 07-24-19