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Florida Department of State
Division of Corporations
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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)208-0845

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

Email Address: _____

Foreign Limited Liability Company
ARCOSA TRAFFIC AND LIGHTING STRUCTURES, LLC

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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARCOSA TRAFFIC AND LIGHTING STRUCTURES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-2399239 (FID number, if applicable)

4. 11/18/2019 (Date first transacted business in Florida; if prior to registration, see sections 605.09(4) & 605.09(5), F.S., to determine penalty liability)

5. 500 N. Akard St., Suite 400 (Registered Address of Foreign Office)
6. 500 N. Akard St., Suite 400 (Mailing Address)

Dallas, TX 75201
Dallas, TX 75201

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

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: Michael E. Jones - Assistant Secretary
(Registered agent's signature)

2019 NOV 18 PM 4:44

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]:

Title or Capacity: Name and Address:

Manager Name: Antonio Canillo
 Member Address: 500 N. Akard St.
 Authorized Suite 400
 Person Dallas, TX 75201
 Other Other

Title or Capacity: Name and Address:

Manager Name: Scott C. Beasley
 Member Address: 500 N. Akard St.
 Authorized Suite 400
 Person Dallas, TX 75201
 Other Other

Manager Name: Bryan P. Stevenson
 Member Address: 500 N. Akard St.
 Authorized Suite 400
 Person Dallas, TX 75201
 Other Other

Manager Name: Yuki P. Whitmire
 Member Address: 500 N. Akard St.
 Authorized Suite 400
 Person Dallas, TX 75201
 Other Secretary Other

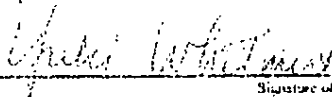
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other 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 695.0203 (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

Yuki P. Whitmire, Authorized Person

 Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCOSA TRAFFIC AND LIGHTING STRUCTURES, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2019.

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

2019.11.18 PM 4:44



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4791805 8300

SR# 20198145836

You may verify this certificate online at corp.delaware.gov/authver.shtm1

Authentication: 204028813

Date: 11-18-19