

MA0000002167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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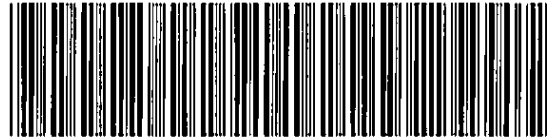
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 FEB 14 P 14 34

FILED

FEB 24 2021

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Katerra Architecture and Engineering LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jon Marquez

\_\_\_\_\_  
Name of Person

Katerra Architecture and Engineering LLC

\_\_\_\_\_  
Firm/Company

2494 Sand Hill Rd Ste 100

\_\_\_\_\_  
Address

Menlo Park, CA 94025

\_\_\_\_\_  
City/State and Zip Code

Licenses@katerra.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Marquez

206

309-2229

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kattera Architecture and Engineering LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

Delaware

2. (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 & 605.0905, F.S. to determine penalty liability)

2494 Sand Hill Rd Ste 100

5. (Street Address of Principal Office)

Menlo Park, CA 94025

2494 Sand Hill Rd Ste 100

6. (Mailing Address)

Menlo Park, CA 94025

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

Name: Incorp Services, Inc

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.

Janice Null Janice Null on behalf of Incorp Services, Inc.  
(Registered agent's signature)

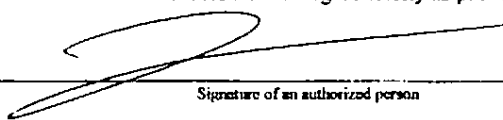
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Brendan Franich</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Marsh</u>
<input type="checkbox"/> Member	Address: <u>2494 Sand Hill Rd Ste 100</u>	<input type="checkbox"/> Member	Address: <u>2494 Sand Hill Rd Ste 100</u>
<input type="checkbox"/> Authorized	<u>Menlo Park, CA 94025</u>	<input type="checkbox"/> Authorized	<u>Menlo Park, CA 94025</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Craig Curtis</u>	<input type="checkbox"/> Manager	Name: <u>Jon Marquez</u>
<input type="checkbox"/> Member	Address: <u>2494 Sand Hill Rd Ste 100</u>	<input type="checkbox"/> Member	Address: <u>2494 Sand Hill Rd Ste 100</u>
<input type="checkbox"/> Authorized	<u>Menlo Park, CA 94025</u>	<input checked="" type="checkbox"/> Authorized	<u>Menlo Park, CA 94025</u>
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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
Jon Marquez  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "KATERRA ARCHITECTURE  
LLC", CHANGING ITS NAME FROM "KATERRA ARCHITECTURE LLC" TO  
"KATERRA ARCHITECTURE AND ENGINEERING LLC", FILED IN THIS  
OFFICE ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2019, AT 1:37  
O`CLOCK P.M.



6031802 8100  
SR# 20198138842

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204027074  
Date: 11-18-19