

11/12/2020

Division of Corporations

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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: _____

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**Foreign Limited Liability Company
D3 Engineering, LLC**

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|-----------------------|----------|
| Certificate of Status | 0 |
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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. D3 Engineering, LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

D3-FL, 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 "L.L.C.")

2. New York 26-1662998
 (Jurisdiction under the law of which foreign limited liability company is organized) (PEI 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)

5. 150 Lucius Gordon Drive
 (Street Address of Principal Office)
 West Henrietta, New York 14586

6. 150 Lucius Gordon Drive
 (Mailing Address)
 West Henrietta, New York 14586

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)

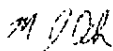
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Scott Reardon</u> | <input type="checkbox"/> Manager | Name: <u>Matthew Quinlan</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>150 Lucius Gordon Drive</u> | <input type="checkbox"/> Member | Address: <u>150 Lucius Gordon Drive</u> |
| <input type="checkbox"/> Authorized | <u>West Henrietta, New York 14586</u> | <input checked="" type="checkbox"/> Authorized | <u>West Henrietta, New York 14586</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 _____ |
| <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.



Digitally signed by Matthew Quinlan
Date: 2020.11.12 10:51:25 -05'00'

Signature of an authorized person

Matthew Quinlan, CFO

Typed or printed name of signer

**State of New York
Department of State } ss:**

I hereby certify, that D3 ENGINEERING, LLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/06/2007, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of D3 ENGINEERING, LLC was filed on 10/15/2007.

A Biennial Statement was filed 04/24/2009.

A Biennial Statement was filed 05/24/2011.

A Biennial Statement was filed 05/07/2018.

A Biennial Statement was filed 05/08/2019.

I further certify, that no other documents have been filed by such Professional Service Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of November
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State