

W21000000621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11/19/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Patuxent Engineering Group 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:

John O'Connor

Name of Person

Patuxent Engineering Group LLC

Firm/Company

5782 Main Street Suite 1

Address

Elkridge, Maryland 21075

City/State and Zip Code

office@patuxenteng.com

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

For further information concerning this matter, please call:

Cheryl Semmont (Office Manager)

410

796-8130

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

1. Patuxent Engineering Group LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

(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 "LLP.")

2. 5782 Main St Elkridge, MD 21075  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1659751  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.09(1) & 605.09(5), F.S., to determine penalty liability.)

5. 5782 Main St, Ste 1  
(Street Address of Principal Office)

6. 5782 Main St Suite 1  
(Mailing Address)

Elkridge, MD 21075

Elkridge, MD 21075

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

Name: Cogency Global Inc

Office Address: 115 North Calhoun Street Suite 4

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.

X

Colleen Humeis

(Registered agent's signature)

ph 578.213.0848

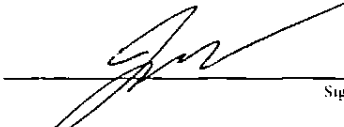
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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:    | John O'Connor                  | _____ | <input checked="" type="checkbox"/> Manager    | Name:    | Scott Gordon                   | _____ |
| <input type="checkbox"/> Member             | Address: | 5782 Main St Ste 1             | _____ | <input type="checkbox"/> Member                | Address: | 5782 Main St Ste 1             | _____ |
| <input type="checkbox"/> Authorized         |          | Elkridge, MD 21075             | _____ | <input checked="" type="checkbox"/> Authorized |          | Elkridge, MD 21075             | _____ |
|   | 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 John O'Connor/Principal  
 \_\_\_\_\_  
 Typed or printed name of signee

# ***STATE OF MARYLAND***

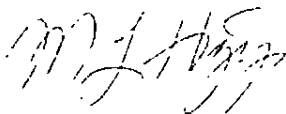
## ***Department of Assessments and Taxation***

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PATUXENT ENGINEERING GROUP, LLC (W10375038), REGISTERED DECEMBER 29, 2004, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 17, 2020.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: JPt22pEILEK\_jwHQ9W9cFA  
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2021 JAN 15 PM 5:12



January 14, 2021

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

**Re: Consent - Dissolve Company Name - L2000387988**

To Whom It May Concern:

There is no intentions of reinstating the FL dissolved business.

Please contact the undersigned if there are any questions.

Sincerely,

John G. O'Connor, PE

2021 JAN 14 PM 3:11