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COVER LETTER

TO:

Registration Section

· Div	ision of Corporations	•.
UBJECT:	VINCI CONSTRUCTION, LLC FLORIDA	A
Wilder.		e of Limited Liability Company
The enclosed Existence, an	H "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida
lease return	all correspondence concerning this matter t	o the following:
	JÓDI P. STODOLA	
		Name of Person
	STODOLA & ASSOCIATES, PLLC	
		Firm/Company
	23626 75TH AVE SE	
		Address
	WOODINVILLE. WA 98072	
	C	lity/State and Zip Code
	JODI@STODOLACPA.COM	
	E-mail address: (to be	e used for future annual report notification)
or further in	nformation concerning this matter, please ca	H:
JODI STODOLA		at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	iling Address: gistration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
	D. Box 6327 Hahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee S130.00 Filing Fe Certificate 6	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate

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: VINCI CONSTRUCTION, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") VINCI CONSTRUCTION, LLC FLORIDA (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.") WASHINGTON' 83-4527023 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2331 MILL ROAD SUITE 125 2331 MILL ROAD SUITE 125 (Street Address of Principal Office) ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CAPITOL CORPORATE SERVICES, INC. Name: 515 EAST PARK AVENUE 2ND FL Office Address: TALLAHASSEE 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. Michelle Ellis, Asst. Sec.
(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: FADI SELWAN Name: CHRISTIAN TRICOIRE □Manager **≣**Manager Address: ___ Address: ____ □ Member □ Member 75017 PARIS (FRANCE) SUITE 125 □ Authorized \blacksquare Authorized ALEXANDRIA, VA 22314 Person Person OP. DIRECTOR ■Other____ □Other □Other Name: ____ISABELLE RAMADIER □Manager Name: □Manager 4281 AVE CHRIST, COLOMB □Member □Member Address: MONTREAL, QC H2J 3G2 (CANADA) □ Authorized □ Authorized Person Person — SECRETARY

■Other □Other______ \Box Other__ Other____ □Manager □Manager □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other____ □Other □Other____ portant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonexed individuals may be added to the index when filing your Florida Department of State Annual Report form. attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the ediction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath ie translator must be submitted) his document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information itted in a document to the Department of State constitutes a third degree felony as provided for in s \$17.155, F.S. Signature of an authorized person

Typed or printed name of signee

CHRISTIAN TRICOIRE



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

VINCI CONSTRUCTION LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/24/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 11/20/2020

UBI Number: 604 452 766



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 11/20/2020