

M21000004445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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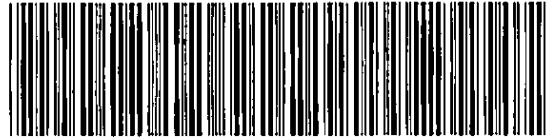
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DATE: 4/15/2021

NAME: MGA USA ENGINEERS LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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. MGA USA ENGINEERS 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.")

2. NEW JERSEY

(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)

970 LAKE CARILLON DRIVE

9996 SEMINOLE BLVD

5.

(Street Address of Principal Office)

6.

(Mailing Address)

SUITE 300

SUITE C

ST PETERSBURG, FL 33716

SEMINOLE, FL 33772

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

Name: GARRICK J LYNCH

Office Address: 9996 SEMINOLE BLVD

SEMINOLE

Florida

33772

(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.

(Registered agent's signature)

2021 APR 15 AM 8:58
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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: MR. MAGED GHALI

☐ Member Address: 817 15TH AVENUE SW

☐ Authorized SUITE 2800

CALGARY, AB T2R 0H8 CANADA

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: MRS. HERMANCE COUTURE

☒ Member Address: 817 15TH AVENUE SW

☐ Authorized SUITE 2800

CALGARY, AB T2R 0H8 CANADA

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: MR. SHERIEF SAKLA

☐ Member Address: 817 15TH AVENUE SW

☐ Authorized SUITE 2800

CALGARY, AB T2R 0H8 CANADA

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: MR. SHADY JONY

☐ Member Address: 817 15TH AVENUE SW

☐ Authorized SUITE 2800

CALGARY, AB T2R 0H8 CANADA

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 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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**MGA USA ENGINEERS LLC
0600465986**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 23, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*JOSEPH C. TRISTANO, ESQ.
C/O CULLEN AND DYKMAN LLP
433 HACKENSACK AVENUE
HACKENSACK, NJ 07601*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
14th day of April, 2021*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6117901224

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp