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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:			

## **Foreign Limited Liability Company Engineer Solutions LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

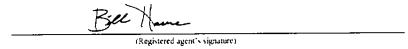
Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

	ame adopted for the purpose of transacting business in Flor		_	
Delaware	uch foreign limited liability company is organized)	3. <u>87-209933</u>	30 Enumber, if applicable)	-
(Thirdiction numer us aw of w	och teresign littilied inibility Company is organized)	(· ·.	, a spincesory	
	(Date firs) transacted business in Florida, if prior to a	rgistration )		
730 NE 19	i See sections 605 0904 & 605 0905, F.S. to determine the plane of the	730 NE 19	th Pl	
(Street Address of I		0	g Address)	-
	<u></u>			_
Cape Cora	al FL 33909	Cape Cora	al FL 33969	_
Cape Cora	al FL 33909	Cape Cora	al FL 339 <b>6</b> 9	
	al FL 33909  s of Florida registered agent: (P.O. Box		7.6	
Name and street addres		NOT acceptable)	7.6	
Name and street address Name:	s of Florida registered agent: (P.O. Box	NOT acceptable)	al FL 33969 106 18 PM 4: 56	
Name and street address	Registered Agent	NOT acceptable)  s Inc.  = 300	7.6	

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.



Name: Chris Mitchell		Name and Address:
	☐ Manager	Name:
Address: 730 NE 19th Place	Member	Address:
Cape Coral FL 33909	☐ Authorized	
· · · · · · · · · · · · · · · · · · ·	Person	
Other	Other	Other
Name:	☐ Manager	Name:
Address: 730 NE 19th Place	Member	Address:
Cape Coral FL 33909	Authorized	
	Person	
Other	Other	Other
Name:	☐ Manager	Name:
Address:	Member	Address:
	Authorized	
	Person	
Other	Other	Other
	Dither   Dother     Name:   James MORRISSETTE     Address:   730 NE 19th Place     Cape Coral FL 33909     Other       Name:   Address:	

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ENGINEER SOLUTIONS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENGINEER SOLUTIONS LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

a at corp delawate gov/au

Authentication: 203948355

Date: 08-18-21

6135327 8300 SR# 20213012486