

M22000010079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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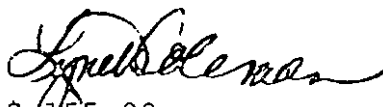
JUN 28 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 773342 7870600

AUTHORIZATION :



COST LIMIT : \$ 155,000

ORDER DATE : June 27, 2022

ORDER TIME : 8:30 AM

ORDER NO. : 773342-005

CUSTOMER NO: 7870600

FOREIGN FILINGS

NAME: ORION GOVERNMENT SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orion Government Services, 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:

Lauren Blackburn

Name of Person

Orion Government Services, LLC

Firm/Company

12000 Aerospace Avenue, Suite 300

Address

Houston, TX 77034

City/State and Zip Code

orionlegal@orn.net

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

For further information concerning this matter, please call:

Lauren Blackburn

713
at ()

852-6589

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Orion Government Services, 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. Washington
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4327829
(FEI number, if applicable)

4. 6/1/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12000 Aerospace Avenue, Suite 300
(Street Address of Principal Office)

6. 12000 Aerospace Avenue, Suite 300
(Mailing Address)

Houston, Texas 77034

Houston, Texas 77034

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (Zip code)

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TALLAHASSEE, FL

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.

Corporation Service Company

By: 
(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:**

☐ Manager Name: Orion Marine Construction, Inc.

☒ Member Address: 1715 N. Westshore Blvd.

☐ Authorized Suite 875

Person Tampa, FL 33607

☐ Other _____ ☐ Other _____

☐ Manager Name: Orion Marine Contractors, Inc.

☒ Member Address: 1112 East Alexander Ave.

☐ Authorized _____

Person Tacoma, WA 98421

☐ Other _____ ☐ Other _____

☐ Manager Name: Peter R. Buchler, EVP, Secretary

☐ Member Address: 12000 Aerospace Ave.

☒ Authorized Suite 300

Person Houston, TX 77034

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Orion Construction, L.P.

☒ Member Address: 12000 Aerospace Ave.

☐ Authorized Suite 300

Person Houston, TX 77034

☐ Other _____ ☐ Other _____

☒ Manager Name: Austin J. Shanfelter

☐ Member Address: 12000 Aerospace Ave.

☐ Authorized Suite 300

Person Houston, TX 77034

☐ Other _____ ☐ Other _____

☐ Manager Name: Lauren Blackburn, Asst Secy

☐ Member Address: 12000 Aerospace Ave.

☒ Authorized Suite 300

Person Houston, TX 77034

☐ 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.

Lauren S. Blackburn

Signature of an authorized person

Lauren Blackburn, Asst. Secretary

Typed or printed name of signee

UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ORION GOVERNMENT SERVICES, 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 02/06/2018.

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: 06/27/2022
UBI Number: 604 223 537



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

Steve R. Hobbs, Secretary of State

Date Issued: 06/27/2022