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(Requestor's Name)

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(City/State/Zip/Phone #)

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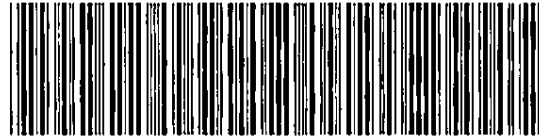
(Business Entity Name)

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ALLAHASSEE, FLORIDA

S. ROBERTS

NOV 17 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 11/17/2022

Acc#I20160000072

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Name:	Project Engineering Consultants, LLC
Document #:	
Order #:	14640923

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Project Engineering Consultants, 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:

Name of Person
C T Corporation System
Firm/Company
1200 South Pine Island Road
Address
Plantation, FL 33324
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Cass at (888) 451-6822

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. Project Engineering Consultants, 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. DE 3. 86-0466210
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/14/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. <u>155 N Wacker Drive</u> (Street Address of Principal Office)	6. <u>155 N Wacker Drive</u> (Mailing Address)
<u>Suite 4150</u>	<u>Suite 4150</u>
<u>Chicago, IL 60606</u>	<u>Chicago, IL 60606</u>

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

Name:	<u>C T Corporation System</u>
Office Address:	<u>1200 South Pine Island Road</u>
	<u>Plantation</u> , Florida <u>33324</u>
	(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.

By: C T Corporation System Denise Bell Denise Bell, Assistant Secretary
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Sandeep N. Patil</u>	<input type="checkbox"/> Manager	Name: <u>Chris Rayasam</u>
<input type="checkbox"/> Member	Address: <u>23142 San Nicholas Pl</u>	<input type="checkbox"/> Member	Address: <u>16895 Chapin Way</u>
<input type="checkbox"/> Authorized	<u>Katy, TX 77494</u>	<input type="checkbox"/> Authorized	<u>Lake Oswego OR 97304</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Chairman</u>	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other <u>Officer</u>
<input type="checkbox"/> Manager	Name: <u>Matthew Paul Cass</u>	<input type="checkbox"/> Manager	Name: <u>Scott Gwilliam</u>
<input type="checkbox"/> Member	Address: <u>82 S Flanders St</u>	<input type="checkbox"/> Member	Address: <u>1314 Hinman Ave</u>
<input type="checkbox"/> Authorized	<u>Chapel Hill, NC 27517</u>	<input type="checkbox"/> Authorized	<u>Evanston, IL 60201</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u>Officer</u>	<input checked="" type="checkbox"/> Other <u>Managing Partner</u>	<input type="checkbox"/> Other <u>Officer</u>
<input type="checkbox"/> Manager	Name: <u>Erik Gernant</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>176 Jonathan Court</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Glen Ellyn, IL 60137</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

Matthew Cass, PE

Digitally signed by Matthew Cass, PE
DN: cn=Matthew Cass, email=matthew.cass@quintusinc.com,
c=US, o=Matthew Cass, ou=Corporate Secretary
Date: 2022.11.16 11:24:36 -0500

Signature of an authorized person

Matthew P Cass, Corporate Secretary

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PROJECT ENGINEERING CONSULTANTS, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2022.

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



6824040 8300

SR# 20224032626

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204870199

Date: 11-16-22