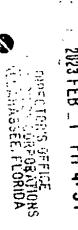
## W2300001395

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	rument Number)	<u></u>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	

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S. FRANKLIN FEB 0 2 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 424680 8291381 AUTHORIZATION COST LIMIT ORDER DATE: February 1, 2023 ORDER TIME : 10:44 AM ORDER NO. : 424680-035 CUSTOMER NO: 8291381 FOREIGN FILINGS NAME: WORSWICK GROUP MANAGEMENT, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

JECT:	Worswick Group M	Management, LLC	
_	Nam	e of Limited Liability Company	_
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact business.	
se return a	Il correspondence concerning this matter t	to the following:	
	Victoria Jave		
		Name of Person	<del></del>
	RMWBH		
		Firm/Company	_
	2800 Post Oak Blvd., 57th Floor		
	<del></del>	Address	
	Houston, Texas 77056		-
	C	City/State and Zip Code	- !
	harold.king@lifting.com		•
	E-mail address: (to be	e used for future annual report notification)	– , <i>.</i>
urther info	ormation concerning this matter, please ca	11:	,,
Victo	ria Jave	281 671-7497 at ( )	
	Name of Contact Person	at () Area Code Daytime Telephone Number	_
	ng Address: stration Section	Street Address: Registration Section	
	sion of Corporations	Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	
Please	sed is a check for the following amount: make check payable to: FLORIDA DEF 25.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED 1 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.)  125 McCarty Street  125 McCarty Street	er, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)  125 McCarty Street  125 McCarty Street	er, if applicable)
125 McCarty Street 125 McCarty Street	
125 McCarty Street 125 McCarty Street	
6	
## Address of Principal Office) 6. (Mailing Address)	- 7
Houston, Texas 77029 Houston, Texas 77029	•
	1
Same and street address of Florida registered agent: (P.O. Box NOT acceptable)	-
Name and <u>street address</u> of Plorida registered agent. (P.O. Box <u>NOT</u> acceptable)	150
Corporation Service Company	
Name:	
1201 Hays Street Office Address:	
Tallahassee 32301	
	<del></del>
(City) , Florida (Zip code)	

(Registered agent's signisture)

Assistant Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized the primary members and persons authorized the persons author manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Addres Name: Harold King ■ Manager ■ Manager 125 McCarty Street 125 McCarty Street □Member □Member Houston, Texas 77029 Houston, Texas 77029 □ Authorized ☐ Authorized Person Person ■Other\_President ■Other CFO/Treasurer □Other\_\_\_\_ Robert Vidinha Name: Allan Dragone Jr ■ Manager □ Manager Address: 125 McCarty Street Address: 125 McCarty Street □ Member ☐ Member Houston, Texas 77029 Houston, Texas 77029 □ Authorized ☐ Authorized Person Person ■Other\_\_\_\_\_Vice President ■Other Chief Accounting □Other\_\_\_: Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □ Manager Address: Address: □ Member ☐ Member □ Authorized ☐ Authorized Person Person □Other □Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nor 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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-

Typed or printed name of signee

Jeffrey Martini



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

DELAWARE, DO HEREBY CERTIFY "WORSWICK GROUP MANAGEMENT, 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 NINETEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORSWICK GROUP MANAGEMENT, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

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



Authentication: 202531653

Date: 01-19-23