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(((11240001188393)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

> Foreign Limited Liability Company Corvias Construction Partners, LLC

madonna.cardillo@corvias.com Email Address:

1 04

\$155,00

Certificate of Status Certified Copy Page Count Estimated Charge

Electronic Filing Menu — Corporate Filing Menu

Heip

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

IN COMPLIANCE WITH SECTION (05(00)), FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACTBUSINESS INTHE STATE OF FLORIDA:

Corvius Construction Pa			
(Name of Foreign)	imited Liability Company, must include "Limited	Trabibity Company," "E.I. C.," or "FTC	")
It name unavailable, enter alternate n	ame adopted for the purpose of transacting business in 14.	anda. The alternate mane must mediate "Limite	ed Liability Company (1.1.1.), or "I.1.1.
Defaware		83-1643765	
	nich toreign limited hability company is organized)	11.1.0	umber if applicable)
March 1, 2024			
	(Date first transacted basiness in Florida, if prior to r (See actions (4)5 (6)0) \(\frac{605}{2} \) 0(6)5, \(\frac{1}{2} \) to determin	egistration) ic penalty liability)	
	Metro Center Blvd Ste 204 301 Metro Center Blvd, Ste 204		
5. 6. (Mathing Address of Principal Office) (Mathing Address of Principal Office)			
Warwick, R1 02886		Warwick, R1 02886	
			202 S:
Name and <u>street addres</u> Name:	§ of Florida registered agent: (P.O. Box C T Corporation System	NOT acceptable)	2-1 881-31 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Office Address:) 200 South Pine Island Road		
	Plantation	33324 , Florida	P
	1(,u2)	(Zip code	3: 40 5:115 5:115
Registered agent's accept Taving been named as rej	gistered agent and to accept service of p	rocess for the above stated limit revistered agent and agree to a	

8.	For initial indexing purposes, list n	ames, title or capacity:	and addresses of the primary	members/managers or pr	ersons authorized to
กาล	nage (up to six (6) total):				

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
∃Manager	Name: John G Picerne	□ Manager	Name:	
■Member	Address: 301 Metro Center Blvd Ste 204	_ Member	Address:	
□Authorized	Warwick, RI 02886	☐ Authorized		
Person		Person		
□Other	Other	_Other		
□Manager	Namet	∐Manager	Name:	
□Member	Address:	Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other		□ Other		□Other
□Manager	Name:	∏Manager	Name:	
□Member	Address:	∐Member	Address:	
∃Authorized		☐ Authorized		
Person		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 fellony as provided for in s.817.155, F.S.

	John G. Picerns
	Signature of an authorized person
John G Piceme	
	to an Lorentze annual names at comme



Page I

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

DELAWARE, DO HEREBY CERTIFY "CORVIAS CONSTRUCTION PARTNERS, 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 TWENTY-EIGHTH DAY OF MARCH, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 203132404

Date: 03-28-24