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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

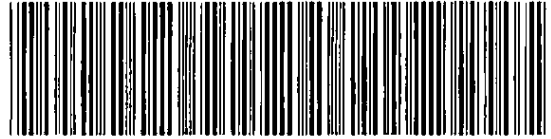
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2024 OCT -8 PM 4:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LineWorks Engineering Puerto Rico, 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:

Jenny Greene

Name of Person

LineWorks Engineering Puerto Rico, LLC

Firm/Company

5701 E Hillsborough Avenue, Suite 2220

Address

Tampa, FL 33610

City State and Zip Code

jgreene@lineworkseng.com

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

For further information concerning this matter, please call:

Jenny Greene

205

382-4479

at ()

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. LineWorks Engineering Puerto Rico, 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. Puerto Rico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-1068308
(FEL number, if applicable)

4. n a - no business yet transacted
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5701 E Hillsborough Avenue
(Street Address of Principal Office)

6. 5701 E Hillsborough Avenue
(Mailing Address)

Suite 2220
Suite 2220

Tampa, FL 33610
Tampa, FL 33610

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

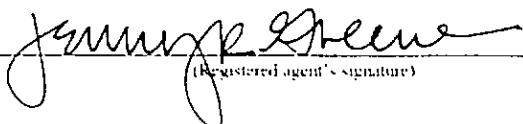
Name: Jenny Greene

Office Address: 5701 E Hillsborough Avenue, Suite 2220

Tampa, Florida 33610
(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.


(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]:

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

☒ Manager Name: M. Shawn Greene

☐ Member Address: 5701 E Hillsborough Avenue

☐ Authorized Suite 2220

 Tampa, FL 33610

☐ Other _____ ☐ Other _____

☐ Manager Name: Julio Hernandez

☒ Member Address: 5701 E Hillsborough Avenue

☐ Authorized Suite 2220

 Tampa, FL 33610

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: William Powers

☒ Member Address: 5701 E Hillsborough Avenue

☐ Authorized Suite 2220

 Tampa, FL 33610

☐ Other _____ ☐ Other _____

☐ Manager Name: Jenny Greene

☐ Member Address: 5701 E Hillsborough Avenue

☒ Authorized Suite 2220

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 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 felony as provided for in s.817.155, F.S.

Jenny Greene
Signature of an authorized person

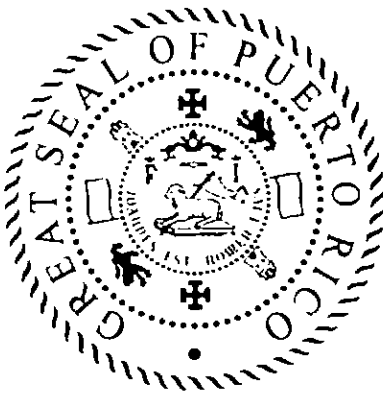
Jenny Greene
Typed or printed name, or signature



CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **LINEWORKS ENGINEERING PUERTO RICO, LLC**, register number **528712**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **April 15, 2024**, is in good standing until **April 15, 2025**, date on which its first Annual Fee is due.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **July 15, 2024**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **692688-26746657**