

M240000 13920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

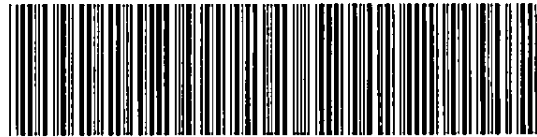
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2024 OCT 31 AM 9:30
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TALLAHASSEE, FLORIDA

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2024 OCT 31 PM 3:14
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OCT 30 2024

K Brumbley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/31/2024
Acc#I20160000072

en: c DW

Name:	AECOM Services, LLC
Document #:	
Order #:	15932039

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Document _____
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Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AECOM 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:

Office of General Counsel - Entity Management
Name of Person

AECOM
Firm/Company

300 South Grand Ave, 9th Floor
Address

Los Angeles, CA 90071
City/State and Zip Code

entitymanagement@aecom.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Entity Management at (213) 593-8100
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. AECOM 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. 10/04/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3101 Wilson Blvd
(Street Address of Principal Office)

Suite 900

Arlington, VA 22201

6. 3101 Wilson Blvd
(Mailing Address)

Suite 900

Arlington, VA 22201

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2024 OCT 31 AM 9:30
CLERK OF STATE
TALLAHASSEE, FL 32301

APPROVED
AND
FILED

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 Jori Sawan Jori Sawan, Assistant Secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Michael Wood</u>
<input type="checkbox"/> Member	Address: <u>3101 Wilson Blvd</u>
<input type="checkbox"/> Authorized	<u>Suite 900</u>
<u>Person</u>	<u>Arlington, VA 22201</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Beckett</u>
<input type="checkbox"/> Member	Address: <u>3101 Wilson Blvd</u>
<input type="checkbox"/> Authorized	<u>Suite 900</u>
Person	<u>Arlington, VA 22201</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☒ Manager Name: John Spyhalski

☐ Member Address: 3101 Wilson Blvd

☐ Authorized Suite 900

Person Arlington, VA 22201

☐ Other _____ ☐ Other _____

☐ Manager Name: Stephen Panzarino

☐ Member Address: 3101 Wilson Blvd

☐ Authorized Suite 900

Person Arlington, VA 22201

☒ Other Florida Licensee ☒ Other Vice President

☒ Manager Name: Mark Handley

☐ Member Address: 3101 Wilson Blvd

☐ Authorized Suite 900

Person Arlington, VA 22201

☐ Other ☐ Other

☐ Manager Name: Janet Everett

☐ Member Address: 3101 Wilson Blvd

☐ Authorized Suite 900


Person Arlington, VA 22201

☒ Other Florida Licensee ☒ Other Vice President

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.


Signature of an authorized person

James Lowe, 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 "AECOM SERVICES, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2024.

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



5407802 8300

SR# 20243989743

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204669639

Date: 10-18-24