M24000015677

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

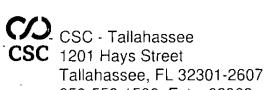
Office Use Only

K. SALY DEC 1 6 2024



000439611430

PILEU 100 13 PK 4: 45



850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 12/13/24 Order #: 1725124-1

Re: Strata Geosystems, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

. . .

	Registration Section Division of Corporations						
SUBJECT	STRATA GEOSYSTEMS, LLC						
SUBJEC		Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor					
Please retu	um all correspondence concerning this matter to	the following:					
	Lynn Stendler						
		Name of Person					
	Strata Geosystems, LLC						
		Firm/Company					
	1831 N. Park Ave						
	Address						
	Burlington, NC 27217						
	Ci	ity/State and Zip Code					
	legal@glenraven.com						
	E-mail address: (to be	used for future annual report notification)					
For further	r information concerning this matter, please call	1:					
Lynn Stendler		336 586-1331 at ()					
_	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations The Control of Tollah pages					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate or	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

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. STRATA GEOSYST (Name of Foreign	EMS, LLC Limited Liability Company; must include "Limited	Liabilit	y Company, ""L.L.C.," or "LLC.")			
(if name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The	alternate name must include "Limited Liability Company,"	"L.L.C," or "LI.C.")		
Delaware			88-0728104			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
4						
T	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration penalty	n.) / liability)			
1831 N. Park Ave, Burlington, NC 27217			1831 N. Park Ave, Burlington, NC 27217			
5. (Street Address of Principal Office)		0,	(Mailing Address)			
7. Name and street addre	ss of Florida registered agent: (P.O. Box.) Corporation Service Company	<u> TOM</u>	acceptable)	DECURENCE CONTROLS		
Name: Office Address:	1201 Hays Street			17. Jahr		
	Tallahassee		32301 . Florida	<u> </u>		
	(Cny)		(Zip code)			
designated in this applica to comply with the provisi	stance: rgistered agent and to accept service of pr tion, I hereby accept the appointment as tions of all statutes relative to the proper a s of my position as registered agent. Corporation Service Company By:	registe	ered agent and agree to act in this capac	ity. I further agree		

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Derek B. Steed	□Manager	Name:
□Member	Address:	□Member	Address:
■Authorized	Burlington, NC 27217	≅ Authorized	Burlington, NC 27217
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized	Burlington, NC 27217	□Authorized	
Person		Person	
Other	Other	Other	Other Tile
			15 TS
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		\Box Authorized	
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STRATA GEOSYSTEMS, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATA

GEOSYSTEMS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D.

2022.

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





Authentication: 205124428

Date: 12-13-24

6617873 8300 SR# 20244484649