

M25000005913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

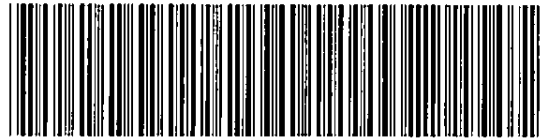
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/25--01029--030 **180.00

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2025 APR 21 PM 3:04
CLERK OF STATE
TOLSON, MISSOURI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 531 Trout River Dr. 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:

Kathryn Pabst

Name of Person

Kiewit Corporation, 531 Trout River Dr. LLC

Firm/Company

1550 Mike Fahey Street

Address

Omaha, NE 68102

City/State and Zip Code

Kathryn.Pabst@kiewit.com

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

For further information concerning this matter, please call:

Kathryn Pabst

Name of Contact Person

at (**402**) **271-2947**

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. 531 Trout River Dr. 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 3. 99-2022293
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1550 Mike Fahey Street 6. 1550 Mike Fahey Street
(Street Address of Principal Office) (Mailing Address)

Omaha, NE 68102 Omaha, NE 68102

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Jori Sawan, Assistant Secretary

(Registered agent's signature)

Jori Sawan

FILED
2025 APR 21 PM 3:04
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
FLORIDA

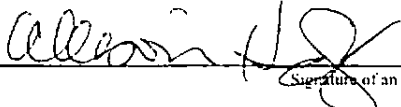
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>TIC - The Industrial Company</u>	☐ Manager	Name: <u>Trent Demulling</u>
☒ Member	Address: <u>1550 Mike Fahey Street</u>	☐ Member	Address: <u>1550 Mike Fahey Street</u>
☐ Authorized	<u>Omaha, NE 68102</u>	☒ Authorized	<u>Omaha, NE 68102</u>
Person	_____	Person	<u>President</u>
☐ Other <u>Sole Member</u>	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Stephen S. Thomas</u>	☐ Manager	Name: <u>Allison M. Hardy</u>
☐ Member	Address: <u>1550 Mike Fahey Street</u>	☐ Member	Address: <u>1550 Mike Fahey Street</u>
☒ Authorized	<u>Omaha, NE 68102</u>	☒ Authorized	<u>Omaha, NE 68102</u>
Person	<u>Treasurer</u>	Person	<u>Secretary</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Alan L. Lincoln</u>	☐ Manager	Name: _____
☐ Member	Address: <u>1550 Mike Fahey Street</u>	☐ Member	Address: _____
☒ Authorized	<u>Omaha, NE 68102</u>	☐ Authorized	_____
Person	<u>Vice President</u>	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. 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

Allison M. Hardy, Secretary

Typed or printed name of signer

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "531 TROUT RIVER DR. 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 FIFTEENTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "531 TROUT RIVER DR. LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2024.

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



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203451530

Date: 04-15-25

3289530 8300

SR# 20251586607

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