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COVER LETTER

	_	tration Section on of Corporations			
SUBJE	'CT·	Southport Engineering Associate	es, Inc.		
Name of corporation - must include suffix					
Dear Si	r or M	adam:			
"Certific	cate of	"Application by Foreign Corpo" Existence." or "Certificate of ced foreign corporation to trans	Good Stanc	ling" and check are subm	
Please r	eturn a	all correspondence concerning	this matter	to the following:	
Michael	F. Fab	rizi			
			Name of I	Person	
Southpo	rt Engi	neering Associates, Inc.			
			Firm/Comp	oany	<u>-</u>
11 Baile	y Aver	nue			
-			Addre	SS	
Ridgefie	eld. CT	06877			
		<u> </u>	ity/State an	d Zip code	
mfabrizi	@sout	hporteng.com			
		E-mail address: (t	o be used fo	or future annual report no	tification)
For furt	her int	formation concerning this matt	er, please ca	ıtl:	
Michael	F. Fab	abrizi at (203 545-4126			
	Name	e of Person	Area Code		one Number
	Regis Divisi The C 2415	CET/COURIER ADDRESS: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 jassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	ake ch	check for the following amoun eck payable to: FLORIDA DEPA ng Fee	ARTMENT ee & □	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," *orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Flo	rida)
Connecticut	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/13/1996	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 c. Ridgefield, CT 06877	2, F.S., to determine penalty liability)	
·· ·	(Principal office	street address)	
	·	street address) address. if different)	24 F
Name and stree	·	address. if different)	24 REC -
Name and <u>stree</u>	(Current mailing a	address. if different)	-
Name:	(Current mailing c et address of Florida registered agent: (P.O. I	address. if different)	L AM 9
_	(Current mailing a et address of Florida registered agent: (P.O. I Michael F. Fabrizi	address, if different) Box NOT acceptable)	-

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Mult 7 pls
(Registored agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:Address:
□Director	Jupiter, FL 33458	□Director	New Milford, CT 06896
■ President		□Presidem	-
□Vice President		■ Vice President	
□Secretary	□Treasurer	□ Secretary	□Treasurer
□Other		□Other	□Other
□Chairman	William Urban	□Chairman	Name:
□Vice Chairman	Address: 94 Picketts Ridge Road	□Vice Chairman	Address:
□Director	Redding, CT 06896	□Director	
□President		□President	
■Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	Other	□Other
Important Notice: individuals may be 12.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of Signature of Director o	ent of State Annual R	eport form.
The officer or directly she is aware that fi	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	er 11 above) affirms ti	nat the facts stated herein are true and that he or

13. Michael F. Fabrizi

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, November 18, 2024 3:04 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	Southport Engineering Associates, Inc.	
Business ALEI	US-CT.BER:0532371	
Formation Date	03/13/1996	

Secretary of the State

Business ALEI: US-CT.BER:0532371

Note: To verify this certificate, visit Business.ct.gov

Page 1 of 1

Certificate Number: C-00148738