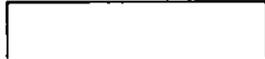




State of Rhode Island

Department of State - Business Services Division



Application for Certificate of Authority
FOREIGN Business Corporation

Filing Fee: \$310.00 minimum

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN 13 P 2:00

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. The name of the corporation is: Lendlease (US) Services Inc.
2. It is incorporated under the laws of: Delaware
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: N/A (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: N/A
4. The date of its incorporation is: April 8, 1997
And the period of its duration is: CHECK ONE BOX ONLY
[X] Perpetual (on-going)
Date certain for dissolution
5. The address of its principal office is: 200 Park Avenue, 9th Floor, New York, NY 10166
6. The name and address of the initial registered agent/office in Rhode Island:
Agent Name C T Corporation System
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A
City/Town East Providence State RHODE ISLAND Zip Code 02914

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
5/17/2023

JAN 13 2023

BY [Signature]

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Development, Investment, and Construction Management Services.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Bruce Ambler Jr.	200 Park Avenue, 9th Floor, New York, NY 10166
Mark Biancucci	200 Park Avenue, 9th Floor, New York, NY 10166
Claire Johnston	1375 Geneva Dr., Sunnyvale, CA 94089

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Carol Gomez	200 Park Avenue, 9th Floor, New York, NY 10166
VICE PRESIDENT	Charles Stegall	2320 Cascade Pointe Blvd., Suite 300, Charlotte, NC 28208
TREASURER	Peter Hoffman	200 Park Avenue, 9th Floor, New York, NY 10166
SECRETARY	Peter Campbell	200 Park Avenue, 9th Floor, New York, NY 10166

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	Common	n/a	1.000000

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Erica Young, Assistant Secretary

Date

1/11/2023

Signature of Authorized Officer of the Corporation

Erica Young

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LENDLEASE (US) SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20230097658

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

Authentication: 202469938

Date: 01-11-23