# F0000005445

#### TRANSMITTAL LETTER

То:	To: Qualification/Tax Lien Section Division of Corporations									
SUBJE	ECT:	Mazzetti & Associ	iates. Inc.							
00202			poration - must include suffix)							
Dear S	ir or Madam:									
"Certif		cation by Foreign Corporation nce", and check are submitted on Florida.		ı <del></del>						
Please	return all corre	espondence concerning this n	matter to the following:							
	Pilar Borvice									
	(Name of Person)									
	Mazzetti & Associates, Inc.									
	(Firm/Company)									
	530 Bush Street, Suite 300									
		(.	(Address)							
	San Francisco, CA 94108									
		(Cit	ty/State/Zip)							
Should	ty/State/Zip)  matter, please call:  15 ) 362-3266  Area Code & Daytime Telephone Number)	FILED								
Pi	ilar Borvic	e at ( 4	Area Code & Daytime Telephone Number)							
	(Name of Per	rson) (A	Area Code & Daytime Telephone Number)							
			<b>&gt;</b>							
Name STREI	ET ADDRESS	:	MAILING ADDRESS:							
Qualification/Tax Lien Section DocumeDivision of Corporations Examine409 E. Gaines St. Tallahassee, FL 32399			Qualification/Tax Lien Section Division of Corporations P.O. Box 6327							
Opualei	"		Tallahassee, FL 32314							
		r the following amount:	•							
Verifyer ☐ \$70.	·CC 00 Filing Fee	<b>☑</b> \$78.75 Filing Fee &	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,							
Acimowiedgem	ent DCC	Certificate of Status								
W. P. Verifyer	ÜCC		Certified Copy							

5 pages

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 1, 2000

PILAR BORVICE MAZZETTI & ASSOCIATES, INC. 530 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94108

SUBJECT: MAZZETTI & ASSOCIATES, INC.

Ref. Number: W00000021618

We have received your document for MAZZETTI & ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is avalid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Letter Number: 200A00046786

Diane Cushing Corporate Specialist

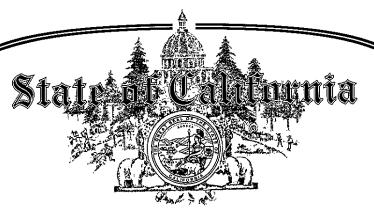
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1.	Mazzett	i & Associate	s, Inc.				
(Name of corpo	ration; must include the word	i "INCORPORATE	D", "COMPA	NY", "CORPORATION"	or	_	
words or abbrev	iations of like import in lang	uage as will clearly	indicate that i				
natural person of	or partnership if not so contai	ned in the name at p	resent.)				
2. <u>Californ</u>	ia		3.	N/A			
(State or country	under the law of which it is	incorporated)		N/A (FEI number, if applicabl	e)	_	
47/30/70	-	5	perpet	ual			
(Dat	e of incorporation)	(Dura	tion: Year co	rp. will cease to existor "p	erpetual")		
6. upon q	ualification		•				
(Date first	transacted business in Florid	ła.) (SEE SECTION	IS 607.1501, 6	507.1502 and 817.155, F.S	.)	_	
7	530 Bush Street,	Suite 300				_	-
	San Francisco, CA	A 94108			<b>D</b> o	_	
		тепt mailing addres	s)		100	- <u>Ö</u>	
					至	ij	
	actice Professional				ASS	_2 _8	7
(Purpose(	s) of corporation authorized	in home state or cou	ntry to be carr	ried out in state of Florida)	EO		FILED
9. Name and str	s) of corporation authorized eet address of Florida re Mr. Wayne Hamil	gistered agent: (	P.O. Box or	Mail Drop Box NOT ac	ceptable)	PM 4: 13	_
NT.	Mr. Wayne Hamil	ton			)RIC		
Name:	mr. wayne namii	LUII	<del></del>		- ×	w	
Office Address:	3001 St. Augustin	e Road					-
	Jacksonville		Florida	32207			
			,1 101102	(Zip code)			
				,			
10. Registered a	gent's acceptance:						
Having been name	ed as registered agent and to	accept service of m	rocess for the	ahove stated cornoration o	at the place desi:	enateo	l in
this application, I	hereby accept the appointme	nt as registered age	ent and agree	to act in this capacity. If	urther agree to c	comply	v
	s of all statutes relative to the my position as registered age		ete performan	ce of my duties, and I am	familiar with an	ıd acc	ept
ine obligations of	ny position as registered age	en Ala.		2			
	<i>\begin{picture}(1000)</i>	re     Cal	w/	<u> </u>			-
	, and a second	egistered agent's sig	nature)				

11. 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 (Street address only - P.O. Box NOT acceptable) William P. Mazzetti, PE Chairman: 530 Bush Street, Suite 300 Address: San Francisco, CA 94108 Vice Chairman: Walter N. Vernon, PE 530 Bush Street, Suite 300 Address: \_\_\_\_\_ San Francisco, CA 94108 John M. Pappas, PE Director: \_\_\_\_\_ 530 Bush Street, Suite 300 Address: \_\_\_\_\_ San Francisco, CA 94108 Albert Ostroy Director: 530 Bush Street, Suite 300 \_ Address: \_\_\_\_\_ San Francisco, CA 94108 B. OFFICERS (Street address only - P.O. Box NOT acceptable) William P. Mazzetti, PE President: 530 Bush Street, Suite 300 Address: San Francisco, CA 94108 Walter N. Vernon, PE Vice President: 530 Bush Street, Suite 300 Address: \_\_\_\_\_ San Francisco, CA 94108 John M. Pappas, PE Secretary: \_\_\_\_\_ 530 Bush Street, Suite 300 Address: \_\_\_\_ San Francisco, CA 94108 Albert Ostroy Treasurer: 530 Bush Street, Suite 300 Address: \_\_\_\_\_ San Francisco, CA 94108 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) John M. Pappas, Secretary (Typed or printed name and capacity of person signing application)



### SECRETARY OF STATE

# CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 30th day of July 1970, MAZZETTI & ASSOCIATES, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good egal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 7, 2000.

BILL JONES Secretary of State

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