Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (350) 617 6233

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

**Enter the email address for this business entity to so used for future '
annual report mailings. Enter only one email address please.**

Email Address: documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Jefferson Browne Gresham Architects Inc.

Certificate of Status	0
Certified Copy	U
Page Count	04
Estimated Charge	\$70.00

CN///SI

Help

From: GFI FaxMaker To: 8506176383 Page: 2/5 Date: 4/15/2021 10:58:35 AM

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COVER LETTER

TO: Registration Section Division of Corporations	×		
SUBJECT: Jefferson Brown	e Gresham Architects Inc	C.	
	Name of corporation - m		
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corporations."	ertificate of Good Standing	" and check are submi	
Please return all correspondence	concerning this matter to fl	he following:	
Patric	ia Reyes on behalf of InC	Corp Services, Inc.	
	Name of Pers	on	
	InCorp Services,	Inc.	
	Firm/Company	y	۶۰;
37	773 Howard Hughes Pkw	ry., Suite 500S	
	Address		
	Las Vegas, NV 891	69-6014	ſ
	City/State and Z	lip code	-
	documents@incor		
E-mai	il address: (to be used for fi	Hure annual report not	nncation)
For further information concerni	ng this matter, please call:		
Patricia Reyes on behalf of InCorp Services	s, Inc. at (_702) _	866-2500 ext. 68	306
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, Ft. 32303	s suc	MAILING ADI Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
	ORIDA DEPARTMENT OF 3.75 Filing Fee & 3.75		S87.50 Filing Fee, Certificate of Status & Certified Copy

To: 8506176383

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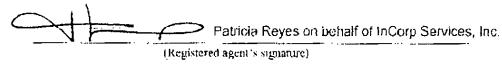
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

*	owne Gresnam Architects Inc.			
(Enter name of c	corporation; must include "INCORPOR" "orp," "Inc," "Co," or "Corp.")	ATED," 'C	OMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporat	e name ado	nted for the purpose of transacting busin	ness in Florida)
2. Georgia		3.		
(State or count	ry under the law of which it is incorpora	ited)	(FEI number, if applicable	c)
4. 10/05/2016		5.		
(Date	of incorporation)	 · · · ·	(Date of duration, if other than pe	rpctual)
6. Upon Filing				
	(Date first transacted but (SEE SECTIONS 607.1501-8	iness in Flo 607.1502,	rida, if prior to registration) F.S., to determine panalty fiability)	
7.	150 Huddleston Road, Sui	te 1000, F	eachtree City, GA 30269	
	(Princi	pal office <u>s</u>	rect address)	
·	(Curren	t mailing ad	dress, if different)	
				£.;
8. Name and street	et <u>address</u> of Florida registered agen	t: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	InCorp Services, Inc.		_	
Office Address:	17888 67th Court North		-	٠ ســ
	Loxahatchee		, Florida <u>33470</u>	r ₎
	(City)		(Zip code)	

9. Registered agent's acceptance:

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.



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.

* From: GFI FaxMaker To: 8506176383

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Date: 4/15/2021 10:58:35 AM

□Chairman Name: □Chairman Nume: □Vice Chairman Address: □Vice President □Vice	A. DURECTORS	i			H21000151180 3
Director 150 Huddleston Road, Suite 1000 Director	□Chairman	Name: Jefferson Brown	UChairman	Name:	
President	□Vice Chairman	Address:	∐Vice Chairman	Address:	······································
Director	छ Director	150 Huddleston Road, Suite 1000	☐ Director		· · · · · · · · · · · · · · · · · · ·
#*Secretary Treasurer Secretary OTreasurer	⊯ Proside <u>u</u> t	Peachtree City, GA 30269	LIPresident		
Chairman Name: DChairman N	□Vice President		□Vice Presideor	····	
Chairman Name:	⊠ Sceretary	™ Treasurer	□ Secretary		□Treasurer
EVice Chairman Address: EDirector CPresident President EVice Chairman Name: EChairman Name: EChairman Name: EVice Chairman Name: EVice Chairman Address: EVice C	COther	FiOther	iii Other		Other
Director	□Chairman	Name:	□Chuirman	Nume:	
CPresident	□Vice Chairman	Address:	□Vice Chairman	Address: _	
Older	□Director		[IDirector	1	
Cother	UPresident		□President		
Chairman Name:	□Vice President		□Vice President		
Chairman Name:	[]]Secretary	□Treasurer	Secretary		☐Treasurer
Chairman Name:	LJOther	COther	□Other		
□Vice Chairman Address: □Vice Chairman Address: □Director □Direct					
Director Direct	[]Chairman	Name:	ШСhairmon	Name: ,	
□ President □ Vice President □ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Oth	□Vice Chairman	Address:	☐Vice Chairman	Address:	
Secretary Treasurer Secretary Theasurer	Director		Director		
Exerctary	∐President		TiPresident		
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. Nignature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of site is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in selection. Jefferson Brown, President	□Vice President		☐ Vice President		
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. Signature of Director or Officer The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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. Jefferson Brown, President	☐Scaretary	Treasurer	Secretary		[]] ressurer
Signature of Director or Officer The officer or director signing this document (and who is listed in number 1) above) affirms that the facts stated herein are true and that he of she is aware that 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. Jefferson Brown, President	Litation	1.JOther	Other		ClOther
The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$8817.155, F.S. Jefferson Brown, President		added to the index when filing your Florida De	partment of State Annual Re	port form.	
Jefferson Brown, President	she ia aware that fa	ctor signing this document (and who is listed in ;	number 11 above) affirms th		
		Jeffersor	Brown, President		

Date: 4/15/2021 10:58:35 AM

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Control Number: 16094812

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower

2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JEFFERSON BROWNE GRESHAM ARCHITECTS INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance, with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docker Number : 20809210 Date Inc/Auth/Filed: 10/05/2016 Jurisdiction : Georgia Print Date . 04/15/2021

Form Number : 211



Brad Raffangerge

Brad Raffensperger Secretary of State