

M21000000964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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AND
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2021 JAN 25 AM 10:17

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2021 JAN 25 PM 12:32



JAN 26 2021
K Brumbley



COGENCYGLOBAL

115 N. CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: January 25, 2021

Account#: 120000000088

Name: David Shulman

Reference #: 1317350

Entity Name: RATIO ARCHITECTS, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$125.00**

Signature: /s/ David Shulman

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. RATIO ARCHITECTS, 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. INDIANA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 101 S PENNSYLVANIA STREET
(Street Address of Principal Office)

6. 101 S PENNSYLVANIA STREET
(Mailing Address)

INDIANAPOLIS, IN 46204

INDIANAPOLIS, IN 46204

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

2021 JAN 25 AM 10:17
APPROVED AND FILED

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.

Kim Peters On behalf of Cogency Global Inc.
(Registered agent's signature)

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]:

Title or Capacity: Name and Address:
 Manager Name: WILLIAM A. BROWNE, JR.
 Member Address: 101 S PENNSYLVANIA STREET
 Authorized _____
Person INDIANAPOLIS, IN 46204
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Christopher S. Boardman
 Member Address: 101 S PENNSYLVANIA STREET
 Authorized _____
Person Indianapolis, IN 46204
 Other _____ Other _____

Manager Name: Bryan Strube
 Member Address: 101 S PENNSYLVANIA STREET
 Authorized _____
Person Indianapolis, IN 46204
 Other _____ Other _____

Manager Name: Brock Roseberry
 Member Address: 101 S PENNSYLVANIA STREET
 Authorized _____
Person Indianapolis, IN 46204
 Other _____ Other _____

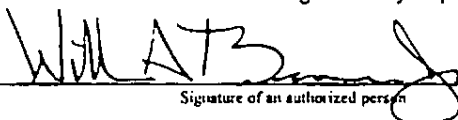
Manager Name: Norbert A. Steinhardt III
 Member Address: 101 S PENNSYLVANIA STREET
 Authorized _____
Person Indianapolis, IN 46204
 Other _____ Other _____

Manager Name: Bradley Hennick
 Member Address: 1140 Bay Street, Ste 400
 Authorized _____
Person Toronto, Ontario, Canada M5S 2B4
 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

WILLIAM A. BROWNE, JR., MANAGER

Typed or printed name of signee

RATIO Architects LLC

Additional Managers

Jonathan Ng

1140 Bay Street, Ste 4000

Toronto, Ontario, Canada M5S 2B4



RATIO DESIGN
101 S PENNSYLVANIA ST
INDIANAPOLIS IN 46204

RATIODESIGN.COM

**Design
for
Impact.**

INDIANAPOLIS
CHICAGO
DENVER
RALEIGH
CHAMPAIGN, IL

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

RATIO ARCHITECTS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 07, 1980, and was in existence or authorized to transact business in the State of Indiana on January 22, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 22, 2021

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

198011-183 / 20211824498

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on February 21, 2021.