Fologopo5661

TO:

Registration Section

Division of Corporations									
SUBJECT: SLATERPAULL ARCHITECTS, INC.									
(Name of corporation - must include suffix)									
Dear Sir or Madam:									
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.									
Please return all correspondence concerning this matter to the following:									
Bruce A. Lott 景思 및 可									
(Name of Person)									
SLATERPAULL ARCHITECTS, INC. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐									
(Firm/Company)									
2000 Powers Ferry Rd., Suite 600									
(Address)									
Marietta, GA 30067									
(City/State and Zip code) [0 [3									
For further information concerning this matter, please call: 100045567417 -10/29/0101040007 ******87.50 ******87.50									
Bruce A., Lott at (770) 937-9984									
(Name of Person) (Area Code & Daytime Telephone Number)									
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314									
Enclosed is a check for the following amount:									
☐ \$70.00 Filing Fee									

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. SLAT	TERPAULL ARCHITECTS, INC.		
(Name of corporate of words or abbre	oration; must include the word "INCORPORATI viations of like import in language as will clearly or partnership if not so contained in the name at	indicate that it is a corporation instead	l" or of a
	orado 3.	840626074	
(State or country	y under the law of which it is incorporated)	(FEI number, if applica	ble)
**************************************	/ 28, 1972 5.	Perpetual	
(Dai	te of incorporation)	(Duration: Year corp. will cease to ex	dist or "perpetual")
	Qualification	ing. Sangan sa sangan sa manangan sa sangan	
		607.1502 and 817.155, F.S.)	pon qualification.")
7 2000	Powers Ferry Rd., Suite 600, Ma		
3000	(Principal office addr	,	
2000	Powers Ferry Rd., Suite 600, Ma (Current mailing addr		
(Purpose) 9. Name and <u>str</u>	itectural Services (s) of corporation authorized in home state or convect address of Florida registered agent: (Clarene Baumgartel		01 OCT SEMBRETI TALEPANIA
Office Address:	23371 Garrison Ave.	in the second of	
	Port Charlotte	, Florida33954	D PM II: 2 F STATE FLORID
	(City)	(Zip code)	: 2
Having been nan designated in this further agree to c	gent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment comply with the provisions of all statutes refamiliar with and accept the obligations of	ent as registered agent and agree t lative to the proper and complete p my position as registered agent.	
	(Registered agent's sign	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.

12. Names and busin	ess addresses of officers and/or direc	tors:		
A. DIRECTORS	•			
Chairman:	Please see Attachment			
				· · · · · · · · · · · · · · · · · · ·
Address:				
		<u> </u>	t and the second second	
Director:				
Address:			- 	Tanina and the second
B. OFFICERS				
President	Please see Attachment		SECF ALLL	
			= - = = -	
			H()	
			OW 10	
Address:	years.			<u>g it w</u> eets to
Secretary:			<u> </u>	Jan. 1
NOTE: If necessary, yo	ou may attach an addendum to the appli	cation listing additional	officers and/or directors.	
3. Jun	- U. Kett		·	
	re of Chairman, Vice Chairman, or any	officer listed in number	12 of the application)	
	ott, President		n en lede een di	<u> </u>
	(Typed or printed name and capacity of	f person signing applicat	ion)	

ATTACHMENT

12. The Officers and Directors of the Corporation:

Name:	Officer:	Address:	Profession:	State of Registration:	Registration Number:
Bruce A. Lott	President	2000 Powers Ferry Rd. Suite 600 Marietta, GA 30067	Architect	Alabama Colorado Florida Georgia Indiana Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee	3231 301819 AR0012048 005843 AR00870169 3342 3909 1217 5198 03622 0019455
Gerhard Petri	Secretary	1515 Arapahoe St. Suite 400 Denver, CO 80202	Architect	Colorado Minnesota New Hampshire Wisconsin Wyoming	301820 40312 2036 50004081 C-0788
James Pedler	Treasurer	1515 Arapahoe St. Suite 400 Denver, CO 80202	Architect	Colorado	202049
Clayton Cole	Vice President	1515 Arapahoe St. Suite 400 Denver, CO 80202	Architect	Colorado Kansas Utah Washington	201453 4566 99-380288-0301 7713
Richard L. Ricker	Vice President	2000 Powers Ferry Rd. Suite 600 Marietta, GA 30067	Architect	Colorado Florida Georgia	202003 AR0016477 006967
Adele Wilson	Vice President	1515 Arapahoe St. Suite 400 Denver, CO 80202	Architect	Colorado	202980
Edward A. Bernard	Vice President	2000 Powers Ferry Rd. Suite 600 Marietta, GA 30067	Architect	Georgia	01 OCT SECRETA STALLAHA

FILEU



STATE OF COLORADO

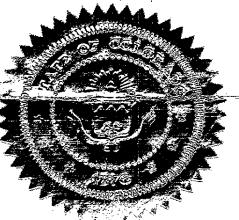
DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SLATERPAULL ARCHITECTS, INC. (Colorado CORPORATION)
File # 19871245404

was filed in this office on July 28, 1972 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and afforized and competent to transact business or to conduct its affairs within this state.

Dated: August 13, 2001



For Validation:

Certificate ID: 503774

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate

Donetta Davidson SECRETARY OF STATE