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SANDRA L. ENTLER
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December 2, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: *Application by Foreign Corporation for Authorization to Transact
Business in Florida***

Dear Staff:

We enclose the following:

- 1) A Transmittal Letter;
- 2) An Application by Foreign Corporation for Authorization to Transact Business in Florida for Thompson Vaivoda & Associates Architects, Inc.;
- 3) A Consent to Serve as Registered Agent from C T Corporation System;
- 4) A Certificate of Existence from the Oregon Secretary of State for Thompson Vaivoda & Associates Architects, Inc.; and
- 5) A check in the amount of \$70 as your filing fee.

Please direct any questions regarding the enclosed to this office. Thank you.

Very truly yours,

Roger L. Meyer

enclosures

c: David Gellos (w/encl)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMPSON VAIVODA & ASSOCIATES 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:

Roger L. Meyer

(Name of Person)

Meyer & Wyse LLP

(Firm/Company)

621 S.W. Morrison Street, Suite 1300

(Address)

Portland, Oregon 97205

(City/State and Zip code)

For further information concerning this matter, please call:

Roger L. Meyer

(Name of Person)

at (503) 228-8448

(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

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Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|---|

**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. THOMPSON VAIVODA & ASSOCIATES ARCHITECTS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. January 2, 1996

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 920 S.W. 6th Avenue, Suite 1500, Portland, Oregon 97204

(Principal office address)

920 S.W. 6th Avenue, Suite 1500, Portland, Oregon 97204

(Current mailing address)

8. Practice of Architecture

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida **33324**

(Zip code)

10. 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.

Please See Attached

(Registered agent's signature)

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 business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

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A. DIRECTORS

Director

~~Chairman~~ **Robert L. Thompson**

Address: **920 S.W. 6th Avenue, Suite 1500**

Portland, Oregon 97204

Director

~~Vice Chairman~~ **Edward Vaivoda, Jr.**

Address: **920 S.W. 6th Avenue, Suite 1500**

Portland, Oregon 97204

Director: **David Gellos**

Address: **920 S.W. 6th Avenue, Suite 1500**

Portland, Oregon 97204

Director:

Address:

B. OFFICERS

President: **David Gellos**

Address: **920 S.W. 6th Avenue, Suite 1500**

Portland, Oregon 97204

Vice President: **Robert L. Thompson**

Address: **920 S.W. 6th Avenue, Suite 1500**

Portland, Oregon 97204

Secretary: **Robert L. Thompson**

Address: **920 S.W. 6th Avenue, Suite 1500, Portland, Oregon 97204**

Treasurer: **Robert L. Thompson**

Address: **920 S.W. 6th Avenue, Suite 1500, Portland, Oregon 97204**

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. **David Gellos, President of Thompson Vaivoda & Associates Architects, Inc.**

(Typed or printed name and capacity of person signing application)

TOTAL P.02

FLORIDA

CONSENT TO SERVE AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation: THOMPSON VAIVODA & ASSOCIATES ARCHITECTS, INC.

C T CORPORATION SYSTEM

Date: 11/17/03



Jack Caskey
Assistant Vice President

Registered Agent:
C T Corporation System

Registered Office:
c/o C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

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CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

THOMPSON VAIVODA & ASSOCIATES ARCHITECTS, INC.

was

incorporated

under the Oregon

Business Corporation Act

on

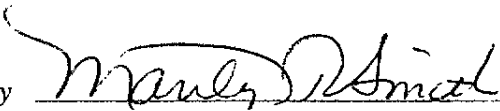
January 2, 1996

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By 
Marilyn R. Smith
November 6, 2003