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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
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MCAETARY OF STATE

T. Bureh APR 29 2009

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: SCHLENGER PITZ ASS	coiates Ino		
(Name of corporat	tion - must include suffix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.			
Please return all correspondence concerning this matt	er to the following:		
THERESA L.	DAY		
THERESA L. (Name	of Person)		
SCHLENGER PITZ : ASSOCIAT	ES, INC.		
(Firm/C	Company)		
15 WEST LYLESBURY ROA	v		
(Ad	dress)		
TIMONIUM, MD 21093			
(City/State	e and Zip code)		
For further information concerning this matter, please THERESA L. DAY (Name of Person) at (410) (Area			
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301	rananassee, i E 32314		
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		



March 3, 2009

THERESA L. DAY 15 WEST AYLEBURY ROAD TIMONIUM, MD 21093

SUBJECT: SCHLENGER/PITZ & ASSOCIATES, INC.

Ref. Number: W09000010045

We have received your document for SCHLENGER/PITZ & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 909A00007319

DEPARTMENT OF STATE

09 APR -2 AM In: 53





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2009

THERESA L. DAY 2ND ML 15 WEST AYLEBURY ROAD TIMONIUM, MD 21093

SUBJECT: SCHLENGER/PITZ & ASSOCIATES, INC.

Ref. Number: W09000010045

We have received your document for SCHLENGER/PITZ & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 909A00007319

09 APR 28 AM 10: 33

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.

Schlenger/Pitz &	& Associates, Inc		·	
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ΞD,	" "COMPANY," "CORPORATION,"	RETARY OF
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	s in Forida)
2. Maryland		3.	52-1953712	PA E
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4. December 18, 19	995	5	perpetual	
	e of incorporation)	٥.	(Duration: Year corp. will cease to exist or "	perpetual")
6				
	·	3s i 7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 15 W. AYLESBI	URY ROAD TIMONIUM, MD 21093			
	(Principal office a	ıdd	ress)	
15 W. AYLESB	URY ROAD TIMONIUM, MD 21093			
-	(Current mailing a	ıdd	lress)	
8				
(Purpose(s	s) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)	
9. Name and street	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		, Florida 33324	
	(City)		(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.

By: Athum A William (Registered agent's signature)

Kathryn A. Widdoes, Assistant Secretary

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: A. DIRECTORS		53 .	
•	ALCH	3	
Chairman: WILLIAM J. PITZ 7.E.		\$	4
Address: 15 WEST AYLESBURY ROAD	ciri —	28	一
TIMONIUM, MO 21093		3	Ø.
Vice Chairman:		<u> </u>	
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: WILLIAM J. PITZ, P.E.			
Address: 15 WEST AYLESBURY ROAD			
TIMONIUM, MD 21093			
Vice President: STEPHEN L DEVON, P.E., LFED A.P.			
Address: 15 WEST AYCESBURY ROAD			
TIMENIUM, MD 21093			
ice President KENT D. HOFFMAN P.E., LEED A.P.			
Address: 15 NEST AYLESBURY RD, TIMONIUM, MD 21093			
Address To The Transfer of the			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.		
(Signature of Director or Officer listed in number 12 of the application)			
1011111111 1 P			
(Typed or printed name and capacity of person signing application)			

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SCHLENGER/PITZ & ASSOCIATES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION. AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 06, 2009.

Paul B. Anderson Charter Division

Paul B. Under

SECRETARY OF STATE
TALL AHASSEE FLORIDA



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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