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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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## COVER LETTER

Division of Con				
STRITECT: Hammond	Beeby Rupert Ainge, inc			1
		ion - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence	on by Foreign Corporation ( ," or "Certificate of Good S n corporation to transact bus	for Authorization to Transact tanding" and check are subminess in Florida.	Business in Florida," aitted to register the	
Please return all correspondent	ondence concerning this ma	tter to the following:		
Gery M. Alnge				
	Name	of Person		
Hammond Beeby Ruper	t Ainge, Inc.			
	Firm/C	Company		
440 N. Wells Street Ste	200			
	Ac	ldress		
Chicago, IL 80654				
	City/Stat	e and Zip code		
gcatlin@hbra-arch.com				
	E-mail address: (to be use	ed for future annual report no	otification)	
For further information	concerning this matter, pleas	se call:		
Gary M. Ainge	at (312	527-3200		<b>≥</b> □
Name of Person		ea Code & Daytime Telepho	ne Number	SECRETON O
New Filing Sect Division of Con Clifton Building 2661 Executive Tallabassee, FL	porations Center Circle 32301	MAILING AL New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FI	DDRESS: ction prorations for 32314	ARY OF S
Enclosed is a check for t	he following amount:		•	
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status	<i>8</i> 4

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Hammond Beeby Rupert Ainge, Inc.				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	HBRA Inc.				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting husiness in Florida)				
2.	Minols 3. 36-2473024				
	(State or country under the law of which it is incorporated) (FBI number, if applicable)				
4.	November 27, 1961 5 Perpetual				
•	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
6.	Upon qualifoation				
	(Date first transacted business in Florida, if prior to registration)				
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7,	440 N. Wells St. Ste 200 Chicago, Il 80654				
	(Principal office address)				
	440 N. Wells Street Ste 200 Chicago, IL 60654				
	(Current mailing address)	<u>}</u>	NO.		
	Architectural Services	= 7	3EC		
8.	Architectural Services	יי מ	圣器		
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	5	TAXT COST		
9.	. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	0	용양		
	Name: C T Corporation System		SFA A		
0	ffice Address: 1200 South Pine Island Road	_			
	Plantation , Florida 33324				
	(Ciry) (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.

(Registered agent's signature)

Laura Broderick

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:	FIL.E SECRETARY DIVISION OF CO	OF STATE
A. DIRECTORS	2010 FEB 10	
Chairman: Thomas Beeby	20101 CD 10	1 n 4 · 1 J
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		<del></del>
B. OFFICERS		
President: Thomas Beeby		
Address: 440 N. Wells Street Ste 200 Chicago, IL 60654		······
Vice Presidenc Dennis E. Rupert and Gary M. Ainge		
440 N. Mollo Chroat Che 200 Obleans II 50654		
Secretary: Dennis E. Rupert	· · · · · · · · · · · · · · · · · · ·	
Address: 440 N. Wells Street Ste 200 Chicago, IL 60654	<u> </u>	
Treasurer: Gary M. Ainge		
Address: 440 N. Wells Street Ste 200 Chicago, IL 60654		
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or direc	tors.
13. Charles of Blanch as Office lived to supply 12 of the spelling		
(Signature of Director or Officer listed in number 12 of the application of M. Ainge Vice President	uion)	
(Typed or printed name and capacity of person signing application	on)	



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HAMMOND BEEBY RUPERT AINGE INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 27, 1961, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1003900750

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH

day of FEBRUARY A.D. 2

Desse Whi

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE