

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
OPN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 17 PM 12:59

RECEIVED
13 SEP 17 AM 10:55
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DIVISION OF CORPORATIONS

9/18/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OPN, 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," or "Certificate of Good Standing" 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:

	Name of Person
OPN, Inc.	
	Firm/Company
200 5th Ave SE, Ste 201	
	Address
Cedar Rapids, IA 52401	
	City/State and Zip code
bulferts@opnarchitects.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Ulferts	at	319	363-6018
Name of Person		Area Code	& Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input 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 |
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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. OPN, 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. Iowa 3. 42-1043334
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/12/1975 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 200 5th Ave SE, Ste 201; Cedar Rapids, IA 52401
(Principal office address)
same as above
(Current mailing address)
8. architectural services/interior design services/landscape architectural services
(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 NOT 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.

C T Corporation System
By: James M. Halpin
(Registered agent's signature) James M. Halpin
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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Daniel J Thies
Address: 200 5th Ave SE, Ste 201
Cedar Rapids, IA 52401

Vice Chairman: Steven K Knierim
Address: 200 5th Ave SE, Ste 201
Cedar Rapids, IA 52401

Director: Bradd A Brown
Address: 200 5th Ave SE, Ste 201
Cedar Rapids, IA 52401

Director: Terry Gebard
Address: 100 Court Ave, Ste 100
Des Moines, IA 50309

B. OFFICERS

President: Daniel J Thies
Address: 200 5th Ave SE, Ste 201
Cedar Rapids, IA 52401

Vice President: Steven K Knierim
Address: 200 5th Ave SE, Ste 201
Cedar Rapids, IA 52401

Secretary: Bradd A Brown
Address: 200 5th Ave SE, Ste 201; Cedar Rapids, IA 52401

Treasurer: Bradd A Brown
Address: 200 5th Ave SE, Ste 201; Cedar Rapids, IA 52401

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

13. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Bradd A. Brown, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David J Sorg

Address: 200 5th Ave SE, Ste 201

Cedar Rapids, IA 52401

Director: Roger Worm

Address: 200 5th Ave SE, Ste 201

Cedar Rapids, IA 52401

B. OFFICERS

President: _____

Address: _____

Vice President: Terry Gehard

Address: 100 Court Ave, Ste 100

Des Moines, IA 50309

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. _____

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

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Richard Seely

Address: 100 Court Ave, Ste 100

Des Moines, IA 50309

Director: _____

Address: _____

~~B. OFFICERS~~

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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Signature of Director or Officer

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14. _____

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

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**IOWA SECRETARY OF STATE
MATT SCHULTZ**



CERTIFICATE OF EXISTENCE

Date: 9/16/2013

Name: OPN, INC. (490 DP - 27845)

Date of Incorporation: 9/12/1975

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS84074

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, appearing to read "Matt Schultz", is written over a horizontal line.

Matt Schultz, Iowa Secretary of State