Division of Corporations Electronic Filing Cover Sheet

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

From:

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Account Number : FCA000000023
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## FOREIGN PROFIT/NONPROFIT CORPORATION BLDD Architects, Inc.

Certificate of Status	0
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Page Count	05
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## **COVER LETTER**

MO. N. BW. B. J.					
TO: New Filing Section Division of Corporations					
SUBJECT: BLDD Architects, Inc.					
Name of corporation - must include suffix					
Dear Sir or Medam:					
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.				
Please return all correspondence concerning this m	atter to the following:				
Steven T. Oliver					
Namo	of Person				
BLDD Architects, Inc.					
Firm/0	Сотрану				
100 Merchant Street					
A	ddress				
Decatur, IL 62523					
City/Sta	ite and Zip code				
margaret.aman@bidd.com					
E-mail address: (to be us	sed for future annual report notification)				
For further information concerning this matter, plea	ase call:				
Margaret Aman 217	429-5105				
	rea Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
New Filing Section	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	Tananassee, PL 32317				
Enclosed is a check for the following amount:					
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	Certified Copy  S87.50 Filing Fee, Certified Copy  Certified Copy  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.

aw of which it is incorporated)	_ 3 ) _ 5	(FEI number, if appli perpetual	cable)	
	5. <u>I</u>	perpetual	cable)	
ition)	Э			
ition)				
		(Duration: Year corp. will cease to ex	ist or "perpetual")	
(Date first transacted busine	ss in l	Florida, if prior to registration)		
	17.130	4, r.s., to determine penalty habitry)		
(Principal office	addre	55)		
			产贸	ب
(Current mailing	addre	81)	<u> </u>	$\subseteq$
			7. 7.	
f Florida registered agent:	(P.O.	Box NOT acceptable)	11.5	ω_
C T Corporation System			11 - 1 11 - 1	=
1200 Couch Disc Island Dead		<del></del>	Tarre	=
1200 Soum Pine Işibild Kold		<u> </u>	·	
Plantation		Florida 33324		$\ddot{c}$
(City)		(Zip code)		
1	(Principal office r, IL 62523  (Principal office r, IL 62523  (Current mailing f Florida registered agent: C T Corporation System  1200 South Pine Island Road  Plantation  (City)  tance:	(Principal office address, IL 62523  (Principal office address, IL 62523  (Current mailing address)  (Florida registered agent: (P.O. C T Corporation System)  1200 South Pine Island Road  Plantation  (City)	E SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  r, IL 62523  (Principal office address)  (Current mailing address)  f Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  1200 South Pine Island Road  Plantation  , Florida 33324  (City)  (Zip code)	(Principal office address)  (Principal office address)  (Principal office address)  (Current mailing address)  (Florida registered agent: (P.O. Box NOT acceptable)  CT Corporation System  1200 South Pine Island Road  Plantation  , Florida 33324  (City)  (Zip code)

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.

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairmon: NA		
Address:		
		_
Vice Chairman: NA		
Address:		
		_
Director: NA		_
Address:		
Director: NA	\$ 99. <del>4</del>	_
Address:		
	55 G	
B. OFFICERS	in a second	} [7
President: Sleven T. Oliver	, man and a state of the state	
Address:		
Decatur, 1L 62523	2	
Vice President:		
Address:		
Decatur, IL 62523		
Secretary: Samuel J. Johnson		
100 Merchant Street, Decatur, IL 62523		
Treasurer:		
201 E Grove, Suite 300, Bloomington, IL 61701		
NOTE: If necessary, you may attach an addendam to the application string additional	officers and/or directors.	
12. Atem T. Chine.		
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) at	Tiems that the facts stated havein	
are true and that he or she is aware that false information submitted in a document to the		
a third degree felony as provided for in s.817.155, F.S.  Sleven T. Oliver, President		
13. (Typed or printed name and capacity of person signing applica	tion)	



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

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

BLDD ARCHITECTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 17, 1993, 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 #: 1430402040
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST

day of O

OCTOBER

A.D.

2014

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