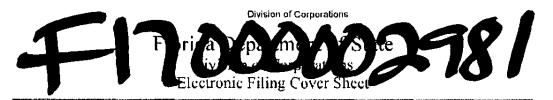
6/28/2017



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DIVISION OF CORPORATIONS

FOREIGN PROFIT/NONPROFIT CORPORATION LCA Architects, P.A.

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COVER LETTER

	egistration Se ivision of Cor				
SUBJEC	T: Lombard	Conrad Architects,	P.A.		
	· · · · · · · · · · · · · · · · · · ·	Name (of corporation	- must include suffix	
Dear Sir o	r Madam:				
"Certificat	le of Existenc		of Good Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please ren	ırn all corresp	ondence concerni	ng this matter	to the following:	
Nathan Tu	mer				
			Name of I	erson .	
Lombard-C	Conrad, Archite	ects, P.A.			
		· · · · · · · · · · · · · · · · · · ·	Firm/Com	any	
1221 Shore	eline Lane			7.0 10	
	** <u>**********************************</u>		Addre	S5	
Boise, ID	83702				
			City/State ar	d Zip code	
spotter@lc	arch.com				
	· · · · · · · · · · · · · · · · · · ·	E-mail address	: (to be used f	or future annual report i	notification)
For further	r information	concerning this m	atter, please c	all:	
Sherri Potter			208	345-6677	
N	ame of Person	n	at (Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed i	s a check for	the following amo	ount:		•
570.00	Filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	Sectificate of Status & Certified Copy

f --- 1

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.

·	LCA ARCHITEC		
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Lombard	d-Conrad, Architects, Inc.	₩.	
(If name unavail	able in Florida, enter alternate corporate name s	adopted for the purpose of transacting business in Florida)	
Idaho R		2-0308831	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
12/28/73		-	
(Date of incorporation)		(Date of duration, if other than perpendel)	
N/A		1516	
1221 Shoreline I	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
1221 Shoreline L	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702	n Florida, if prior to registration) 502, F.S., to determine penalty liability) al office address)	
1221 Shoreline L	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702 (Princip	n Florida, if prior to registration) 502, F.S., to determine penalty liability) all office address)	
1221 Shoreline L	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702 (Princip		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702 (Princip		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702 (Princip (Current mailing)		
. Name and stree	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702 (Princip (Current mailing et address of Florida registered agent: (P.C.)		
Name and stree	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ane, Boise, ID 83702 (Princip (Current mailing address of Florida registered agent: (P.C.) C T Corporation System		

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: Control Danny Verdecchia
Assistant Secretary
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: No Directors
Address:
Vice Chairman:
Address:
Director:
Address:
The state of the s
Director: 9 9
Address:
Address: B. OFFICERS D. S. D
President: Steve Christiansen
1221 Shoretine Lauc
Address: Boise, ID 83702
Vice President: Nathan Turner
Address: 1221 Shoreline Lane
Boise, ID 83702
Secretary: Scott Henson
Address: 1221 Shoreline Lane, Boise, ID 83702
Russ Moorhead Treasurer:
Address: 1221 Shoreline Lane, Boise, 1D 83702
NOTE: If necessary, you may much an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 11 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.
Nathan Turner, Vice-President

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

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

LCA ARCHITECTS, P.A.

File Number C 48684

/ I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

professional corporation was incorporated under the laws of Idaho on December 28, 1973.

I FURTHER CERTIFY That the professional corporation is in goodstanding on the records of this office.

Dated: June 22, 2017



SECRETARY OF STATE

By Mary Daha