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COVER LETTER

TO:	Registration Section Division of Corpor				
CHDI	Mussman Arc	hitects PA, Inc			
SUBJ	ECI:	Name of corporat	ion -	nust include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence,"	by Foreign Corporation : or "Certificate of Good S orporation to transact bus	Standi	ng" and check are sub	
	return all correspond lussman	ence concerning this ma	atter to	the following:	
		Name	of Pe	rson	-
Mussa	nan Architects PA, Inc				
		Firm/C	Compa	ny	
24 Var	dry St. Suite 301		•	•	
		Ac	ldress	•	
Greeny	ille, SC 29601				
	 .	City/Stat	e and	Zip code	
paulm(@mussmanarchitects.co	m			
		E-mail address: (to be use	ed for	future annual report	notification)
For fur	rther information con	cerning this matter, pleas	se cal	:	
Paul Mussman		864 at (,	626-6330	
	Name of Person	at (Area C	Code	Daytime Telep	hone Number
	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ntions nter Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	ed is a check for the	following amount:			
☐ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & 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.

L	Mussman Architects PA, Inc				
	(Enter name of corporation: must include "INCORPORATED," "lnc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"	-		
	Mussman Architecture PA, Inc				
	(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	_		
2.	South Carolina 3.	81-2899822			
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)			
	= 1= A 1A 2				
4. (Date of incorporation)		(Date of duration, if other than perpetual)			
6.	N/A	,			
7.	24 Vardry St. Suite 301 Greenville, SC 29601	oal office address)	_		
	(Current mailir	ng address, if different)	_		
8.	Name and street address of Florida registered agent: (P.C	D. Box NOT acceptable)			
	Name: John Walden		L:		
Ó	Mice Address: 200 Maring Bay D				
	Mame: John Walder Flagler Beach (City)	Florida 32136			
	- (Chy)	(Zip code)			

9. 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)

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 Paul Mussman Chairman: 24 Vardry St. Suite 301 Address: Greenville, SC 29601 Paul Mussman Vice Chairman: 24 Vardry St. Suite 301 Address: Greenville, SC 29601 Paul Mussman Director: 24 Vardry St. Suite 301 Address: Greenville, SC 29601 Director: **B. OFFICERS** Paul Mussman President: 24 Vardry St. Suite 301 Address: Greenville, SC 29601 Paul Mussman Vice President: 24 Vardry St. Suite 301 Address: Greenville, SC 29601 Paul Mussman Secretary: 24 Vardry St. Suite 301 Greenville, SC 29601 Address: Paul Mussman Treasurer: 24 Vardry St. Suite 301 Greenville, SC 29601 NOTE: If necessary/you may attach 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. Paul Mussman, President 13. (Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

MUSSMAN ARCHITECTS, P.A.,

a corporation duly organized under the laws of the State of South Carolina on May 31st, 2016, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of September, 2017.

Mark Hammond, Secretary of State