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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
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COVER LETTER

Division of Corporations				
SUBJECT: MRA Architectural Service: Name	s. Inc. of corporation	ı - must in	clude suffix	
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifical above referenced foreign corporation to	e of Good Sta	nding" and	l check are sub	ct Business in Florida," mitted to register the
Please return all correspondence concert Patrick Gross	ning this matte	r to the fo	llowing:	
	Name of	Person		
MRA Architectural Services, Inc.				
	Firm/Con	npany		
3445 A Box Hill Corporate Center Drive				
Abingdon, MD 21009	Addr	ess		
	City/State a	ınd Zip co	de	
pgross@mragta.com				
E-mail addre	ss: (to be used	for future	annual report	notification)
For further information concerning this	matter, please	call:		
Patrick Gross	443	372-1	153	
Name of Person	Area Coo	le	153 Daytime Telep	hone Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for the following an	nount:			
☐ \$70.00 Filing Fee ☐ \$78.75 Fili Certificate	~		Filing Fee & d 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.

	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
name unavaila	ble in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business	in Florida)
Maryland		2-2247350	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
5/12/2000	5.		
(Date of incorporation) 5		(Date of duration, if other than perpetual)	
	(Principa	al office address)	
	(Current mailin	g address, if different)	40N 81
	a address of Florida registered agent: (P.C	. Box <u>NOT</u> acceptable)	13
Name and stree	Tangiene of Lioung in Protect and Service (Co. a.		
	Corporation Service Company		7
Name:			PH -:
	Corporation Service Company 1201 Hays Street Tallabasses	32301 , Florida	PH 1: 03

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. Name	es and business addresses of officers and/or directors:		
A. DIRE			
	Gary Getz		
Address:	3445A Box Hill Corporate Center Dive Abingdon, MD 21009		
-	Brian Siverling		
	3445A Box Hill Corporate Center Dive Abingdon, MD 21009		
Address:			
Director:			
Address:			
Director			
Address:			
	CIPIO C	•	1 dk.
B. OFF	Gary Getz	<u>ක</u>	151740
President:	34454 Box Hill Corporate Center Dive Abingdon, MD 21009	<u>\$</u>	
Address:		$\overline{\omega}$	25 1
	Dira Cimalia	3	<u> </u>
Vice Pres	Brian Siverling ident:		
Address:	3445A Box Hill Corporate Center Dive Abingdon, MD 21009	<u> </u>	
Secretary	Brian Siverling		
Address:	3445A Box Hill Corporate Center Dive Abingdon, MD 21009		
Treasurer	David Quaranta		
Address:	3445A Box Hill Corporate Center Dive Abingdon, MD 21009		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or d	rector	S.
12	Signature of Director or Officer		
are true a third d	cer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Segree felony as provided for in s.817.155. F.S.	is state State c	ed herein constitutes

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

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND. DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MRA ARCHITECTURAL SERVICES, INC. (D05798632), INCORPORATED MAY 16, 2000, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL.

ANNUAL REPORTS REQUIRED. HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 06, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: NqDH09EGQka5Zvrs0PpFjA To verify the Authentication Code, visit http://dat.maryland.gov/verify