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COVER LETTER

TO:	Registration Sec Division of Corp						
SURI	Kitchell/C						
5 0 D 0	ECT	Name o	f corporation	on - mu	st include suffix		
Dear S	ir or Madam:						
"Certi		," or "Certificate	of Good St	anding'	orization to Transa ' and check are sul Florida.		
	return all correspo	ondence concerni	ng this matt	er to th	e following:		
			Name o	f Perso	n	89111, 1	
Kitche	II/CEM, Inc.						
2450 V	enture Oaks Way, S	Suite 500	Firm/Co	mpany			
			Add	ress			
Address Sacramento, CA 95833) E70Z	
			City/State	and Zij	o code		
mbrugi	geman@kitchell.cor						2
		E-mail address:	(to be used	for fut	ure annual report	notification)	
For fur	ther information o	oncerning this ma	itter, please	call:			بب
Michael Bruggeman		916 at (64	8-9700		23	
	Name of Person		Area Co	de	Daytime Telep	hone Number	- -
	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive C Tallahassee, FI.	orations Center Circle	:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclos	ed is a check for the	ne following amou	int:				
□ \$ 70	.00 Filing Fee	☐ \$78.75 Filing Certificate of			.75 Filing Fee & tified Copy	■ \$87,50 Filis Certificate Certified C	of Status &

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.

Kitchell/CEM, I	inc.		
(Enter name of c	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATIO	Ν,"
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacti	ng business in Florida)
California	•	86-0358697	
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
1978 AZ/June 1	6, 2010 CA (redomiciled in CA)	3.	
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
January 1, 2020			
2450 Venture Oa	ks Way, Suite 500, Sacramento, CA 95833	1502, F.S., to determine penalty liabi	lity)
	(Current mai	ling address, if different)	2029 J 2
. Name and stree	<u>st address</u> of Florida registered agent: (P	.O. Box NOT acceptable)	
Name:	C T Corporation System		21
ffice Address:	1200 South Pine Island Road		3
	Plantation,	 33324 . Florida	છ. 2
	(City)	(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.

By: James M. Halpin

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:

	James T. Swanson	
Chairman:	1707 East Highland, Suite 100	 :
Address: _	Phoenix, AZ 85016	
Vice Chair	rman:	
Address:		
Director:	Russell A. Fox	
Address:	2450 Venture Oaks Way, Suite 500	
:	Sacramento, CA 95833	
Director:	David E. Koval	
-	1707 East Highland, Suite 100	
_	Phoenix, AZ 85016	
B. OFFI	Russell A. Fox	277
President: Address:	2450 Venture Oaks Way, Suite 500	
_	Sacramento, CA 95833	•
Vice Presid	Wendy M. Cohen Coh	
	2450 Venture Oaks Way, Suite 500	
-	Sacramento, CA 95833	
Secretary:	David E. Koval	
-	1707 East Highland, Suite 100, Phoenix, AZ 85016	
Treasurer:	James T. Swanson	
	1707 East Highland, Suite 100, Phoenix, AZ 85016	
NOTE: 1	If hecessary, you may attach an addendum to the application listing additional officers and/or directors.	ors.
are true an a third deg	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated that he or she is aware that false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. by M. Cohen, Vice President	

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KITCHELL/CEM, INC.

FILE NUMBER:

C0973818

FORMATION DATE:

06/16/2010

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 03, 2020.

ALEX PADILLA Secretary of State