## FA1000001232

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SUBJECT:	of Corporations  EGA Architects, Inc.				
3003CC1	Name of corpo	ration - must	include suffix		
Dear Sir or Mada	m:				
"Certificate of Ex	oplication by Foreign Corporatio istence," or "Certificate of Good foreign corporation to transact b	l Standing'' ai	nd check are subn		
Please return all c	correspondence concerning this i	natter to the f	ollowing:		
	Katie	Flaherty			
	Nar	ne of Person			
	EG	A, P.C.			
	Firm	/Company			
	1Ver	nonStreet			
		Address			
	Newb	uryport, MA	01950		
	City/S	tate and Zip c	rode		
		aherty@ega			
	E-mail address: (to be	used for futur	e annual report no	otification)	
For further inform	nation concerning this matter, pl	ease call:			
IZ-E'- EI	- h th.	30	270-9543		
Katie Flank		Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a che Please make check 🖾 \$70.00 Filing	ck for the following amount: payable to: FLORIDA DEPARTM Fee	☐ \$78.7:	ATE 5 Filing Fee & ied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

## PPLICATION FO IGN CORPO TION FO UTHO IZATION TO TR NS CT BUSIN SS IN FLO IDA

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.

EGA Arch	nitects, Inc.			
	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	ζ,"	
(If name unavailal	ble in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida	
Massachuse			~	
<u> </u>	under the law of which it is incorporated)	(FEI number, if applicable)		
	4.000			
T	of incorporation)	(Date of duration, if other than perpetual)		
Ó.				
,. <u> </u>	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ty)	
1 Ve	rnon Street Newburyport, MA 01950			
	(Principal office	street address)		
	(Current mailing	address, if different)		
3. Name and <u>street</u>	address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		3	
	Tallahassee	Florida32301		
	(City)	(Zip code)		
9. Registered age	nt's accontance		• •	
. Negisteren ager	не з ассернансе.			

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.

Lynn M. Canne Longo Lynn M. Canne Longo, AVP

(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.

A. DIRECTORS						
XlChairman	Charles O. Griffin 1 Vernon Street, Name: <u>Newburyport, MA 01950</u>	□Chairman	Name:	<del></del>		
□Vice Chairman	Address:	□Vice Chairman	Address:			
i∏Director	Gerald Menke 1 Vernon Street, Newburyport, MA 01950	□Director				
l⊠President	Peter B. Schmidt 1 Vernon Street, Newburyport, MA 01950	□Presidem				
□Vice President		□Vice President				
□Secretary	IX Treasurer Scott Hall 1 Vernon Street, Newburyport, MA 01950	Secretary		□Treasurer		
□Other		□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	<del></del>			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	□ Secretary		□Treasurer		
□Other	□Other	□Other	<del></del>	Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□ Vice President				
☐ Secretary	Treasurer	□ Secretary		□Treasurer		
□Other	□ Other	□Other	····	Other		
	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department Signature of Director of	ent of State Annual R	eport form.			
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 of 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.						
13	(Typed or printed name and capacity of person	on signing application	1)			



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

January 26, 2021

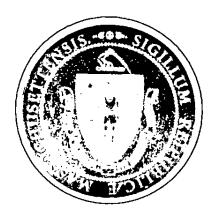
TO WHOM IT MAY CONCERN:

I hereby certify that

EGA, P.C.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on August 21, 1998.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travin Galecin