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COVER LETTER

~	stration Section sion of Corporations			
SURJECT	Arkatechture CITP			
SOBOLCI.	Name o	f corporation	must include suffix	
Dear Sir or N	ladam:			
"Certificate o		of Good Stand	authorization to Transact Business in Flor ling" and check are submitted to register t s in Florida.	
Please return	all correspondence concerning	ig this matter	to the following:	
Marissa Laro				
-	<u>.</u>	Name of F	Person	
Arkatechture				2
		Firm/Comp	pany -	922
PO Box 678				2022 JAH 31
	***	Addre	58	<u> </u>
Portland, ME	04104		riya Ç	P
		City/State an	d Zip code	<i>ب</i> ن ب
ops@arkatech		(to be used for	or future annual report notification)	<u>5</u>
For further in	formation concerning this ma	`	•	
Marissa Laro	:	207 at (619-1849	
Nam	ne of Person	Area Code	Daytime Telephone Number	-
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	: :	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	
	check for the following amore theck payable to: FLORIDA DE ling Fee	PARTMENT g Fee & □	OF STATE \$78.75 Filing Fee & \$87.50 Filin Certified Copy Certificate of Certified Co	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.

Arkatechture			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transactir	ng business in Florida)
Maine	3. 46-1049415		
	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
03/16/2011	5.	<u></u>	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
1/3/2022			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ity)
1400 Village S	quare Blvd #3-80779 Tallahassee, FL 3	32312	
		e street address)	
PO Box 678, Por	tland ME 04104		
	(Current mailing	address, if different)	
			2022 JAN 31
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	¥ 7
Name:	Registered Agents Inc.	<u></u>	- Σ
ffice Address:	7901 4th St N STE 300		
Thee Address.	St. Petersburg	Florida 33702	
	(City)	(Zip code)	PH 2: 56
Degistered age	ent's acceptance:		
**	ed as registered agent and to accept servic	e of process for the above stated	d corporation at the pla
	application, I hereby accept the appointm		
sthas acreas to a	omply with the provisions of all statutes re with and accept the obligations of my pos		te performance of my (
	with and accept the objigations of my bos	umm av tesinieten nseut.	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	Jamie Jackson		Katrina Eagan
☐ Chairman	Name:	□Chairman	Name: 75 Washington Ave STE 2F
□Vice Chairman	75 Washington Ave STE 2F Address:	□ Vice Chairman	Address:
□Director	Portland, ME 04101	□Director	Portland, ME 04101
President		□President	
□Vice President		■Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	Other
□Chairman	Name:	□Chairman	Name: Ryan Walsh
□Vice Chairman	75 Washington Ave STE 2F	□Vice Chairman	75 Washington Ave STE 2F
Director	Portland, ME 04101	□Director	Portland, ME 04101
□President		□President	-
□Vice President		□Vice President	
■ Secretary	Treasurer	☐ Secretary	T reasurer
Other	Other	□Other	Other
□Director □President □Vice President □Secretary □Other	Address:	☐Director ☐President ☐Vice President ☐Secretary ☐Other	Address: 3
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departs	ment of State Annual Ro	eport form.
The officer or dire	ctor signing this document (and who is listed in num	ber 11 above) affirms th	at the facts stated herein are true and that he or

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 \$.817.155, F.S.

13. Katrina Eagan

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that ARKATECHTURE is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is March 16, 2011.

I further certify that on:

March 16, 2011 ARTICLES OF INCORPORATION were filed.
October 10, 2012 CHANGE OF CLERK was filed.
March 25, 2014 RESTATEMENT was filed.

March 17, 2016 RESIGNATION OF ČLERK/AGENT was filed.

June 06, 2016 CHANGE OF CLERK was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-third day of December 2021.

Shenna Bellows

Secretary of State