

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ie)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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S. FRANKLIN

### **COVER LETTER**

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**TO:** Registration Section

Division of Corporations	
SUBJECT: SERA ARCHITECTS, Name of corporation	TNC.
Name of corporation	- must metade sums
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	iding" and check are submitted to register the
Please return all correspondence concerning this matter	
Megan Hamau Name of	
Name of	Person
SERA ARCHITECTS, INC	<u></u>
Firm/Con	прапу
1000 SW 10771 Are	Suite 500
Addr	ess
Leoo Sw 10771 Ave. Addr Portland, OR. 97205 City/State a	
City/State a	and Zip code
Meganh @ Sem des ign. Co E-mail address to be used	$\sim$
E-mail address to be used	for future annual report notification)
For further information concerning this matter, please	call:
Megan Haman at (503) Name of Person Area Coo	<u>445-7379</u>
Name of Person Area Coc	le Daytime Telephone 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 check for the following amount:  Please make check payable to: FLORIDA DEPARTMEN  \$70.00 Filing Fee	T OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certified Copy 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.

I SER A ARCHITECTS, INC.	
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	Florida)
0.000000	
2. (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)	
4. 12/21/1978 5. Perpetual	
, 1 /	)
6. Date first transacted business in Florida, if prior to registration)	
/ (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 600 SW 18TH Ave; Suite 500 Portland, OR	97205
(Principal office street address)	0000
	1/205
(Current mailing address, if different)	r - '
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	<u> </u>
Doo'd of least t	-D
Name:	1
Office Address: 7901 ATH ST. N. Svite 300	せっぷ
St. Petersburg, Florida 33702	-
(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	
designated in this application, I hereby accept the appointment as registered agent and agree to act in the further agree to comply with the provisions of all statutes relative to the proper and complete performan	
and I am familiar with and accept the obligations of my position as registered agent.	
20/1/ a	

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			• •	
□Chairman	Name: Kurt Schultz	□Chairman	Name:	
□Vice Chairman	Address: 600 SW 10TH AR	□Vice Chaiπnan	Address:	
□Director	Suite 500	□Director		
President	-Portland, DR 77205	□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		☐Treasurer
Other	□Other	Other		Other
□Chairman □Vice Chairman	Name: Timothy Smith Address: 100 SW 10TH Are	□Chairman □Vice Chairman		
□Director	Svite 500	Director		
□President	Portland of 97205	□President		
Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		Treasurer
Other	Other	Other	<u>.</u>	Other
□Chairman	Name: Joseph Pinzone	□ Chairm <b>a</b> n		
□Vice Chairmai	n Address: 600 SW 1074 Ave	□Vice Chairman	Address:	
□Director	Suite Son	□Director		
□President	Portland, OR 97205	□President		
□Vice Presiden	t	□Vice President		
Secretary	☐Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
Important Notice individuals may	e: Use an attachment to report more than six (6). The att be added to the index when filing your Florida Departn  Signature of Director	ICIII OI STATE ASIITUAL I	ceport form.	
she is aware tha	irector signing this document (and who is listed in number that the false information submitted in a document to the Department of the Dep	per 11 above) affirms rtment of State consti	that the facts stat tutes a third degi	ted herein are true and that he o
	(Typed or printed name and capacity of per	son signing applicant	211.)	

# State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

### **Certificate of Existence 32474**

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

#### SERA ARCHITECTS, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 10/3/2022



Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.