

H230001286633

**F23000001969**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 900-2290

2023/04-05 PM 9:03

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** managedreports@incorp.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Johnson Laffen Galloway Architects, Ltd.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

S. ROBERTS

H230001286633

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Johnson Laffen Galloway Architects, Ltd.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amanda Morehouse

\_\_\_\_\_  
Name of Person

Amanda Morehouse on behalf of InCorp Services, Inc.

\_\_\_\_\_  
Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

\_\_\_\_\_  
Address

Las Vegas, NV 89169-6014

\_\_\_\_\_  
City/State and Zip code

managedreports@incorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Morehouse on behalf of InCorp Services, Inc.

800-246-2677

\_\_\_\_\_  
Name of Person

at Area Code

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 DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

H230001286633

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H230001286633

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.

1. Johnson Laffen Galloway Architects, Ltd. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Johnson Laffen Galloway Architects, Ltd. Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Dakota 3. 45-0410459 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/30/1988 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 323 DeMers Ave, Grand Forks, ND 58201 (Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc. Office Address: 3458 Lakeshore Drive Tallahassee, Florida 32312 (City) (Zip code)

NOTED - 4/11/23

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.

(Signature) Louise Greytenbach on behalf of InCorp Services, Inc. (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total).

A. DIRECTORS

Chairman Name: James Galloway  
 Vice Chairman Address: \_\_\_\_\_  
 Director 214 Broadway  
Fargo, ND 58102  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Michelle Allen  
 Vice Chairman Address: 710 S 2nd St 8th Floor  
Minneapolis, MN 55401  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

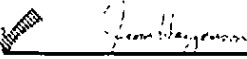
Chairman Name: Jennifer Burke Jackson  
 Vice Chairman Address: 2101 Discovery Loop  
Panama City, FL 32405  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Jason Haagneson  
 Vice Chairman Address: 323 DeMers Ave  
Grand Forks, ND 58201  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other CFO

Chairman Name: Robert Remark  
 Vice Chairman Address: \_\_\_\_\_  
 Director 214 Broadway  
Fargo, ND 58102  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Daniel Miller  
 Vice Chairman Address: \_\_\_\_\_  
 Director 525 Broadway  
Alexandria, MN 56308  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  \_\_\_\_\_  
Signature of Director or Officer

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 s.817.155, F.S.

13. Jason Haagneson, CFO  
\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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**Florida Department of State**  
Registration Section  
Division of Corporations

Application by Foreign Corporation for Authorization to  
Transact Business in Florida

Johnson Laffen Galloway Architects, Ltd.  
(continued)

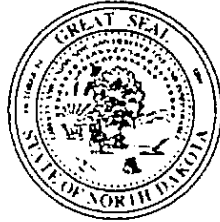
Item number 11A – Names, titles and addresses of the primary officers and/or directors:

Daniel Miller, Director	525 Broadway, Alexandria, MN 56308
Nicholas Lippert, Director	301 2 <sup>nd</sup> St E Ste A, Williston, ND 58801
Thomas Behm, Director	323 DeMers Ave, Grand Forks, ND 58201

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# *State of North Dakota* SECRETARY OF STATE



## Certificate of Good Standing of JOHNSON LAFFEN GALLOWAY ARCHITECTS, LTD.

SOS Control ID#: 0000000318

Certificate #: 023351424-1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

JOHNSON LAFFEN GALLOWAY ARCHITECTS, LTD.

a Corporation - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective December 30, 1988. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

**ACCORDINGLY**, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

**DATE:** April 5, 2023

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe  
Secretary of State

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