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COVER LETTER

TO:	O: Registration Section Division of Corporations							
SUBJ	FCT.	Architecture by Design, Inc. /	ABD Archited	cts, Inc.				
3000	e.cr.	Name o	f corporation	- must include suffix				
Dear S	ir or Ma	adam:						
"Certif	icate of	"Application by Foreign Cor "Existence," or "Certificate of ted foreign corporation to tra	of Good Stan	iding" and check are submit	Business in Florida," ted to register the			
Please	return a	ill correspondence concernin	g this matter	to the following:				
Judith ?	Miller							
			Name of	Person				
Archite	ecture by	Design, Inc. / ABD Architects	, Inc.					
			Firm/Con	npany				
8355 C	ourt Av	enue						
			Addr	ess				
Ellicon	City, M	ID 21043						
			City/State a	nd Zip code	 			
jmiller(@abd-ar	chitects.com						
		E-mail address:	(to be used f	for future annual report noti	fication)			
For fur	ther inf	ormation concerning this ma	itter, please c	rall:				
Judith 8	Miller	;	410 et (480-3210				
	Name	of Person	Area Cod	e Daytime Telephon	e Number			
	Regist Divisi The C 2415 i	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	:	MAILING ADD Registration Sect Division of Corpo P.O. Box 6327 Tallahassee, FL.	ion orations			
Please r		check for the following amoreck payable to: FLORIDA DE ng Fee	PARTMENT Fee & = T		☐ \$87.50 Filing Fee, 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp.") ABD Architects, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Maryland 3 (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8355 Court Avenue; Ellicott City, MD 21043 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 826 Mellowood Avenue Orlando Orlando Florida (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the gardens and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept service of process for the above stated corporation at the gardens are considered agent and to accept	Architecture by					_
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Maryland 3. 52-2256306 (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8355 Court Avenue; Ellicott City, MD 21043 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 826 Mellowood Avenue Orlando Orlando Orlando Thorida (City) Registered agent's acceptance:			D,'	' "COMPANY," "CORPORATION,"		
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Or/21/2000 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Statia Connett 826 Mellowood Avenue Orlando Orlando Florida (City) Registered agent's acceptance:	ABD Architects	, Inc.				
(State or country under the law of which it is incorporated) (Onte of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8355 Court Avenue; Ellicott City, MD 21043 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Statia Connett 826 Mellowood Avenue Orlando Orlando Florida (City) Registered agent's acceptance:	(If name unavails	able in Florida, enter alternate corporate nan	ne	adopted for the purpose of transacting business in	n Florida)	_
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8355 Court Avenue; Ellicott City, MD 21043 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Statia Connett 826 Mellowood Avenue Orlando Florida 72825 (City) Registered agent's acceptance:	(Date	of incorporation)		(Date of duration, if other than perpetu	al)	_
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8355 Court Avenue; Ellicott City, MD 21043 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Statia Connett 826 Mellowood Avenue Orlando Orlando Florida 72825 (City) Registered agent's acceptance:						
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Statia Connett 826 Mellowood Avenue Orlando Florida (City) Registered agent's acceptance:						
Name: Statia Connett		(Current ma	ilin	g address, if different)		•
Name: Statia Connett					,	
Name: Second	Name and stree	<u>et address</u> of Florida registered agent: (I	P.C). Box <u>NOT</u> acceptable)		
Orlando , Florida 32825 (City) (Zip code) Registered agent's acceptance:	Name:	Statia Connett				
City) Registered agent's acceptance: Orlando 32825 (Zip code)	ffice Address:	826 Mellowood Avenue			<i>j</i> • •	
(City) (Zip code) Registered agent's acceptance:	ince Address.	Orlando			-	
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erther agree to comply with the provisions of all statutes relative to the proper and complete performance of m In all am familiar with and accept the obligations of my position as registered agent.		101 C) O. C	~ ~			
		Stalla Corr	<u>Y</u>	W		
and I am familiar with and accept the obligations of my position as registered agent.		(Registered agent'	s si	gnature)		

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:	□Chairman	Name:Robert Miller		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Ellicott City, MD 21043	Director	Ellicott City, MD 21043		
■President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	■ Secretary	□Treasurer		
□Other	Other	□Other	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		
57		-			
□Chairman	Name:	□Chairman _	Name:		
	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
□Other	Other	□Other	Other		
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme			indexed	
12. Zuan	Signature of Director o	r Officer			
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depart				

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ARCHITECTURE BY DESIGN, INC. (D05899935), INCORPORATED JULY 21, 2000, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 20, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: pZwrOqLsnkW0THh_32NflA To verify the Authentication Code, visit http://dat.maryland.gov/verify