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2023 OCT 2'6 PH 2: 14 SECRETARY OF STATE



COVER LETTER

TO:		tion Section of Corpora					
SHRJ	ECT:	lson Lewis -	Architects, INC				
130120	<u></u>		Name of	corporatio	n - must	include suffix	
Dear S	Sir or Mada	ım:					
"Certi	ficate of E	xistence," (f Good Stai	nding" a	nd check are sub	nct Business in Florida." omitted to register the
Please	return all	correspond	ence concerning	this matte	r to the	following:	
Judy A	shley						
				Name of	Person		
Olson	Lewis + Ar	chitects, IN					
				Firm/Con	npany		
17 Elm	Street						
				Addr	ess		·
Manch	ester. MA ()1944					
		-	(City/State a	and Zip o	code	· · · · · · · · · · · · · · · · · · ·
vendor	invoices@c	olsonlewis.c	om				
		Ę.	E-mail address: (to be used	for futui	e annual report	notification)
For fur	ther inform	nation con	cerning this mat	ter, please	call:		
Mae Rothschild 978		526	-4386				
	Name of	Person		Area Coc	le	Daytime Telep	shone 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			
Please 1		payable to:	following amount FLORIDA DEP \$78.75 Filing Certificate of	ARTMENT	□ \$78.7	ATE 5 Filing Fee & Ted Copy	☐ \$87.50 Filing Fee. Certificate 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.

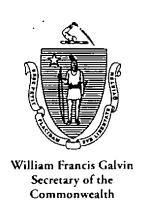
OLSON LEWIS + ARCHITECTS, INC.									
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"			-			
(If name unavai	lable in Florida, enter alternate corporate na	ıme a	adopted for the purpose of transacting busi	ness in 1	lorida)	-			
2. MA		04-2846891							
(State or country under the law of which it is incorporate			(FEI number, if applicable)			-			
November 21,	1984	5.							
(Date of incorporation)			(Date of duration, if other than perpetual)						
6. NA									
-			Florida, if prior to registration) 02, F.S., to determine penalty liability)			-			
7. 17 Elm Street						_			
	(Principal	offic	ce <u>street</u> address)						
Manchester, MA									
	·		g address, if different)	SECI	2023 OCT 210 PM	===			
8. Name and stre	et address of Florida registered agent: ((P.O	Box NOT acceptable))CI	(COMPANY			
Name:	Business Filings Incorporated			新	27	1			
Office Address:	1200 South Pinc Island Road			338	PH	11			
	Plantation		, Florida ³³³²⁴	EST.	5	·).			
	(City)		(Zip code)		<u>t</u>				

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.

Brenno Lutter, asst Secretary
(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.



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

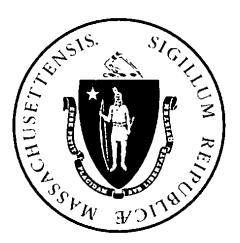
Date: August 02, 2023

To Whom It May Concern:

I hereby certify that according to the records of this office,

OLSON LEWIS + ARCHITECTS, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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 Trans Galein

Certificate Number: 23080071490

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: pho