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(((H24000160643 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

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

Email Address: BAllen@urscompliance.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Deanovich & Associates Inc.

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## 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.

	& ASSOCIATES, INC			
(Enter name of all line.," "Co.," "C	corporation, must include "INCORPORATED," * "Top," "Inc." "Co." or "Corp ")	COMPANY," "CORPORATION,"		
(If name unavai	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)		
MD	, 80	86-1110232		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
09/19/2007	S.			
·	of incorporation)	(Date of duration, if other than perpetual)		
. 5257 BUCKEYS	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502 TOWN PIKE # 153 FREDERICK, MD 21704			
,	(Principal office	street address)		
35 TYLER RD 7	NAYLOR, GA 31641	<del></del>		
	(Current mailing a	iddress, if different)		
. Name and <u>sue</u>	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		
Name:	URS AGENTS, LLC	EE, FLUNDE		
office Address:	3458 Lakeshore Drive			
	Tallahassee	. Florida 32312		
	(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 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.

/s/ Shawn Linan	Shawn Linan, Assistant 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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary efficies and/or directors [up to six (6) total].

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A. DIRECTORS				11240007000455
□ Chairman	Name: MICH	ELLE DEANOVICH	<b>D</b> Chairman	DAVID DEANOVICH
□Vice Chairman	Address	BUCKEYSTOWN PIKE	∃Vice Chairman	Address: 5257 BUCKEYSTOWN PIKE
■Director	# 153		■Director	# 153
■President	FREDERICK.	MD, 21704	□President	FREDERICK, MD, 21704
□Vice President			■Vice President	
TS ecretary		□Treasurer	TiSecretary	Treasurer
□Other		□Other	DOther	
□Chairman	Name:		<b>IC</b> hairman	Name.
□Vice Chairman	Address:		TVice Chairman	Address:
□Director			□Director	PCC 3
□President			□President	- 2
IVice President			TVice President	SEE
□Secretary		□Treasmer	□ Secretary	Treasurer 027
□Other		□Other	]Other	·
J Chairman	Name:		11 Chairman	Name:
□Vice Chairman	Address:		□Vice Chairman	Address:
Director			<b>∐Director</b>	
IPresident		<del>-</del>	_lPresident	
IVice President			DVice President	
TSecretary		Treasmen	<b>TSecretary</b>	□Treasurer
□Other		□Other	□Other	Other
	Use an attachmer	nt to report more than six (6). The lex when filing your Florida Depar	attachment will be imaged	d for reporting purposes only. Non-indexed eport form,
ndividuals may be <i>Mithelle Te</i> s			A ST	
ndividuals may be		Signature of Direct	or or Officer	
ndividuals may be  2 Milestia Tea  The officer or direc	anovich	document (and who is listed in nur	nber 11 above) affirms th	nat the facts stated herein are true and that he cutes a third degree felony as provided for in

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## STATE OF MARYLAND Department of Assessments and Taxation

I. DANIEL K. PHILLIPS 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.

1 FURTHER CERTIFY THAT DEANOVICH & ASSOCIATES, INC. (D12134516), INCORPORATED SEPTEMBER 19, 2007, 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 MAY 02, 2024.

Daniel K. Phillips
Director



LAHASSEE FLORIDA

700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202 Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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