# F24000003303

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu:	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer		
W24-83848	8 Name,	ADD.	





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2024 JUN 18 PM 12: 17

K. SALY JUN 19 2024



June 4, 2024

KATIE LUCILLE VANDER PUTTEN MOA ARCHITECTURE, INC. 414 14TH ST, STE 300 DENVER, CO 80202

SUBJECT: MOA ARCHITECTURE, INC.

Ref. Number: W24000083848

We have received your document for MOA ARCHITECTURE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 624A00012091

RECEIVED

JUN 18 2024

#### **COVER LETTER**

•	tration Section ion of Corpora				
SUBJECT:	MOA, Inc dba	MOA Architecture, Inc			
ocione i.		Name of corporation	n - must i	nclude suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," o	by Foreign Corporation for "Certificate of Good Starporation to transact busing	ınding'' ar	nd check are sub	
Please return	all correspond	ence concerning this matte	er to the f	ollowing:	
Katie Lucille V	/ander Putten				
		Name o	f Person		
MOA Architec	ture, Inc.				
		Firm/Co	mpany		
414 14th Sreet	, Suite 300				
		Add	lress		
Denver, CO 80	0202				
		City/State	and Zip c	ode	
accounting@n	ioaarch.com				
_ <del></del>	E	-mail address: (to be used	for futur	e annual report	notification)
For further in	formation con	eerning this matter, please	call:		
Heidi Villalob	os	at ( 303	558	558-4977	
Nam	e of Person	Area Co	de	Daytime Telep	hone 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		
	eck payable to:	Following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	□ \$78.75	ATE 5 Filing Fee & ied 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.

-	MOA Architecture	Inc	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transactir	ng business in Florida)
Colorado	3.	84-0852946 (FEI number, if ap	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
07/28/1981	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
N/A			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liabil	
414	14th Strut, Suite 300 (Principal officiance as above) (Current mailing	Derver, 60 80202	
	(Current mailing	address if different)	
	et address of Florida registered agent: (P.O Registered Agents Inc 7901 4th St N Suite 300	Box <u>NOT</u> acceptable)	TALLAMASSEE F
3. Name and streen	et address of Florida registered agent: (P.O Registered Agents Inc 7901 4th St N Suite 300		TALLAMASSEE FLUEROF

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

under the law of which it is incorporated.

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

A. DIRECTORS	•					
□Chairman	Name:	□Chairman	Name: Katie L Vander Putten			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	414 14th Street, Suite 300	□Director	414 14th Street, Suite 300			
■ President	Denver, CO 80202	□President	Denver, CO 80202			
□Vice President		■ Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other	Other			
□Chairman	Name:	☐ Chairman	Name: Eric Vogel			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	414 14th Street, Suite 300	□Director	414 14th Street, Suite 300			
□President	Denver, CO 80202	□President	Denver, CO 80202			
□Vice President		□Vice President				
■ Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Partner	Other			
□Chairman	Name: Brandon Daigle	□Chaiπnan	Name: 50 50 TA			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	259 S Center Suite 206	□Director	188			
□President	Casper, WY 82601	□President	PEC			
□Vice President		□ Vice President	DE 17			
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other Partner	Other	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.

, Katie Lucille Vander Putten

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MOA. INC.

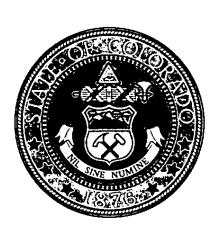
is a

#### Corporation

formed or registered on 07/28/1981 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871444508.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/19/2024 that have been posted, and by documents delivered to this office electronically through 04/22/2024 @ 13:55:57 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/22/2024 @ 13:55:57 in accordance with applicable law. This certificate is assigned Confirmation Number 15965706



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.colorudosos.gov.btz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions."