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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						

Office Use Only

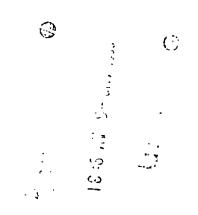


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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HJM ARCHITECTS, INC.	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact busine	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
PICHARD HU	
Name of	Person
HJM ARCHITECTS, INC.	
Firm/Con	npany
7520 WASHINGTON STR	EET
Addr	ess
KANSAS CITY, MO 64112 City/State a	<u></u>
City/State a	nd Zip code
Khu (g) hjmarch con	for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Richard Hu at 1816	<u>) 979-1661</u>
Name of Person Area Cod	e 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  \$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	OF STATE  3 \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(State or country under the law of which it is incorporated)  4.	(State or country under the law of which it is incorporated)  4. 4 28 205 (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)  7. 7520 WASHINGTON ST. KANSAS CITY, MO 64114  (Principal office street address)
(Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  Name: Ron Flick  Office Address: 463688 FL SR200, Suite 7  Yulee  (City)  (City)  (Zip code)	(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)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 7520 WASHINGTON ST. MANSAS CITY MO 6411A (Principal office street address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ron Flick  Office Address: 463688 FL SR200, Suite 7  Yulee Florida 32097 (City) (Zip code)	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 7520 WASHINGTON ST. KANSAS CITY, MO 6411A  (Principal office street address)
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(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ron Flick  Office Address: 463688 FL SR200, Suite 7  Yulee , Florida 32097  (City) (Zip code)  Registered agent's acceptance:	(Principal office street address)
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Office Address: 463688 FL SR200, Suite 7  Yulee Florida 32097  (City) (Zip code)	3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
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Yulee Florida 32097 (City) (Zip code)  Registered agent's acceptance:	Name: Ron Flick
Office Address: 463688 FL SR200, Suite 7  Yulee Florida 32097  (City) (Zip code)  Registered agent's acceptance:	Name: Ron Flick
Office Address:  463688 FL SR200, Suite 7  Yulee  (City)  (Zip code)  Registered agent's acceptance:	

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

<sup>11.</sup> 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: Kichard Hu	□Chairman	Name:			
□Vice Chairman	Address: 2501 W 12157 Street	□Vice Chairman	Address:	··		
□Director	Leawood, KS 66209	□Director		<del> </del>		
President	Richard Hu	□President		<del> </del>		
Service President	Karathu	□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	Other	□Other		□Other		
	V ( <b>)</b> .					
□Chairman	Name: Karatu	□Chairman	Name:			
□Vice Chairman	Address: 2501 W 1215t Street	□Vice Chairman	Address:			
□Director	Leawood, KS 66209	□Director				
□President		□President				
Wice President	Karatta	□Vice President				
☐ Secretary	□Treasurer	□ Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman	Name:	□Chairman				
□Vice Chairman	Address:	□Vice Chairman	Address:	<del> </del>		
Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director of	nt of State Annual Re	eport form.	urposes only. Non-indexed		
	Signature of Director of	r 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 of 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.	(Typed or printed name and capacity of perso	n signing application	1)			

STATE OF MISSOUR



### John R. Ashcroft Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

## HJM Architects, Inc. 00656617

was created under the laws of this State on the 28th day of April, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of June, 2024.

Secretary of State

Certification Number: CERT-06272024-0021

