

F24000006192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

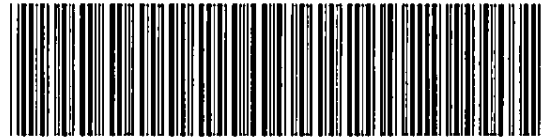
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2024 DEC -5 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC -6 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 12/6

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING FOREIGN INC

1. MNS ENGINEERS INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MNS Engineers Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maria Cristina Marquez

Name of Person

MNS Engineers Inc.

Firm/Company

201 N Calle Cesar Chavez Suite 300

Address

Santa Barbara, CA 93103 USA

City/State and Zip code

businesslicense@mnsengineers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Cristina Marquez

at (805) 504-1845

Name of Person

Area Code

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 OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$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.*

1. MNS Engineers Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/29/1962 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 201 N Calle Cesar Chavez Suite 300 Santa Barbara, CA 93103 USA
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln. Ste A

Tallahassee, Florida 32308
(City) (Zip code)

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SECRETARY OF STATE

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.



Brian Smith, Asst. Secretary of Registered Agent Solutions, Inc.
(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.

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: SEE ATTACHED _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

13. _____
(Typed or printed name and capacity of person signing application)

OFFICERS

Officer Name	Officer Address	Position(s)
Wes McClendon	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, CA 93103	Chief Financial Officer
Darren Riegler	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, CA 93103	Chief Executive Officer
Miranda C. Patton	201 N. Calle Cesar Chavez, Suite 300 Santa Barbara, CA 93103	Secretary

Additional Officers

Officer Name	Officer Address	Position	Stated Position
Shawn Kowalewski	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, CA 93103	Vice President	Principal Engineer
Greg Chetini	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, CA 93103	Vice President	Principal Construction Manager
Peter Minegar	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, OR 93103	Vice President	Vice President of Planning
Nicholas Panofsky	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, OR 93103	Vice President	Vice President of Water Resources
Brandon Reyes	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, OR 93103	Vice President	Vice President of Transportation
■ Tanya Bilezikjian	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, CA 93103	Assistant Secretary	Chief of Staff

Pa

Jeffrey Edwards	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, CA 93103	Vice President	
■ Kyle Turner	201 N. CALLE CESAR CHAVEZ SUITE 300 SANTA BARBARA, CA 93103	Vice President	

DIRECTORS

Directors

Director Name	Director Address
Michael Carroll	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, OR 93103
Darren Riegler	201 N. CALLE CESAR CHAVEZ, SUITE 300 SANTA BARBARA, CA 93103
Ira Starr	201 N. CALLE CESAR CHAVEZ, SUITE 300 Santa Barbara, CA 93103
Jaime Moreno	201 N. CALLE CESAR CHAVEZ, SUITE 300 Santa Barbara, CA 93103
Miranda C Patton	201 N. Calle Cesar Chavez, Suite 300 Santa Barbara, CA 93103



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: MNS ENGINEERS, INC.
Entity No.: 0435353
Registration Date: 06/29/1962
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 25, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 260149929

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.