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COVER LETTER

TO:	Division of Corporations					
SHRI	ECT: Allen Engineerin	g and Science, Inc.				
30110		Name of corporation	on - must include suffix			
Dear S	ir or Madam:					
"Certi	nclosed "Application by For ficate of Existence," or "Ce referenced foreign corpora	rtificate of Good Sta	inding" and check are sub-			
Please	return all correspondence of	concerning this matte	er to the following:			
	Jeffrey L. Allen					
		Name o	f Person			
	Allen Engineering	and Science, Inc.				
		Firm/Co	mpany	·- <u>-</u>		
	6360 Interstate 55 l	North, Suite 330				
		Add	ress			
	Jackson, MS 3921	I				
		City/State	and Zip code			
	accounting@allene					
	E-mail	address: (to be used	for future annual report n	otification)		
For fur	ther information concerning	g this matter, please	call:			
Jeffrey L. Allen at (at (936-4440	936-4440		
	Name of Person	Area Co	de Daytime Teleph	none Number		
	STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	:	MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		
Please r		UDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 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.

·	ing and Science, Inc.				
	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	" "COMPANY." "CORPORATIO	N."		
N/A					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
Texas	3.	742911748 (FEI number, if a			
(State or country	under the law of which it is incorporated)	(FEI number, if a	pplicable)		
March 31, 1999	9 5.				
(Date	of incorporation)	(Date of duration, if other	than perpetual)		
N/A					
	(Date first transacted business in				
	(SEE SECTIONS 607.1501 & 607.15	802, F.S., to determine penalty liabil	lity)		
6360 Interstate	55 North, Suite 330, Jackson, MS 39211				
	(Principal offi	ce <u>street</u> address)			
	(Current mailin	g address, if different)			
Name and street	t address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	2021 S (-), 1/2		
Name:	CT Corporation System				
ivaine:			2024 DEC 12 Séphendes Talles Ass		
ffice Address:	1200 South Pine Island Road				
	Plantation	Florida 33324	2 MM 9: 3 0f SI/A VSSEE, FL		
	(City)	Florida 33324 (Zip code)	- 18 ST		
B			39 TE		
	nt's acceptance: ed as registered agent and to accept servi	Consideration of the section of the			
	application, I hereby accept the appoints				
rther agree to co	emply with the provisions of all statutes r	elative to the proper and compl			
id I am familiar	with and accept the obligations of my po-	sition as registered agent.			
	•				
	Rechal Commen				
	<u> </u>	·-			
	(Register	ed agent's signature)			

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: Jeffrey L. Allen	□Chairman	Name:					
□Vice Chairman Address: 456 Shadowood Drive	□ Vice Chairman	Address;					
□Director Ridgeland, MS 39157	Director						
■President	□President						
□Vice President	□ Vice President						
☐Secretary ■Treasurer	☐ Secretary	□Treasurer					
CEO □Other □		Other					
□Chairman Name:	□Chairman	Name:					
□Vice Chairman Address: 737 Pine Valley		Address:					
□Director Pearl, MS 39208	□Director						
□President	□President						
□Vice President	□Vice President						
□Secretary □Treasurer	□ Secretary	□Treasurer					
COO □Other □	Other	□Other					
☐Chairman Name:	□Chairman	Numer					
☐ Vice Chairman Address: 415 Northbay Drive		Name:					
□Director Madison, MS 39110		Address:					
	Director						
 							
Secretary	_	7"					
·	Secretary	□Treasurer					
Other 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. Affre L. All Signatur	2150						
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 \$.817.155.158.							

Jeffrey L. Allen

13.

Corporations Section P.O Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for Allen Engineering and Science, Inc. (file number 152890000), a Domestic For-Profit Corporation, was filed in this office on March 31, 1999.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 16, 2024.



Phone (512) 463-5555

Prepared by SOS-WEB

Jane Nelson Secretary of State