Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000101365 3)))



H250001013653ABCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

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

Fmail	Address:			

## FOREIGN PROFIT/NONPROFIT CORPORATION

The M Group Design, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

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### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: The M Group Design, Inc.				
Name of corporation - mus	st include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the			
Please return all correspondence concerning this matter to the	e following:			
Name of Person	ר			
Capitol Services - Corporate Filings Team				
Firm/Company				
515 East Park Avenue 2nd Fl Address				
Tallahassee, FL 32301				
City/State and Zip	code			
E-mail address: (to be used for fut	ure annual report notification)			
For further information concerning this matter, please call:	IMPORTANT: The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!			
	98 - 5500			
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 Tallahassec, 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 & \$78.75 Filing Fee & Certificate of Status Certified Copy  Certificate of Status & Certified Copy				

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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.

(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,		
The M Gro	up Architects, Inc.			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)	
Virginia		54-1434364		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
11/05/1987	5			
(Date	of incorporation)	(Date of duration, if other th	an perpetual)	
	(Date first transacted business in			
	(SEE SECTIONS 407 1401 & 407 140	12 E.C. to determine negalty lightlity	, ì	
10110 0	(SEE SECTIONS 607.1501 & 607.150	• •	<b>()</b>	
12110 Sun	set Hills Road, Suite 100, Reston	, VA 20190	·)	
12110 Sun	set Hills Road, Suite 100, Reston	• •		
12110 Sun	set Hills Road, Suite 100, Reston (Principal offic	, VA 20190		
12110 Sun	set Hills Road, Suite 100, Reston (Principal offic	, VA 20190 c <u>street</u> address)		
	set Hills Road, Suite 100, Reston (Principal offic	t, VA 20190 c street address) address, if different)		
Name and stree	Set Hills Road, Suite 100, Restor (Principal offic (Current mailing	t, VA 20190 c street address) address, if different)		
	(Current mailing et address of Florida registered agent: (P.O. Capitol Corporate Services, Inc.	t, VA 20190 c street address) address, if different)		
Name and stree Name:	Set Hills Road, Suite 100, Restor (Principal offic (Current mailing	t, VA 20190 c street address) address, if different)		
Name and <u>stree</u> Name:	(Current mailing t address of Florida registered agent: (P.O. Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Fl	e street address) address, if different)  Box NOT acceptable)		
Name and stree	(Current mailing t address of Florida registered agent: (P.O. Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Fl	t, VA 20190 c street address) address, if different)		

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.

> Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

in Tadlock

<sup>10.</sup> 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.

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A. DIRECTORS				
Chairman	Name: Karen G. Lewis	Chairman	Name: Michael P. Timcheck	
☐Vice Chairman	Address: The M Group Architects	☐Vice Chairman	Address: The M Group Architects 12110 Sunset Hills Road	
Director	12110 Sunset Hills Road	Director		
President	Suite 100	President	Suite 100	
☐Vice President	Reston, VA 20190	☐ Vice President	Reston, VA 20190	
Secretary	Treasurer	Secretary	Treasurer	
Other	Other	Other	Other	
Chairman	Name: Robert E. Cole	Chairman	Name: David A. Belgin	
Vice Chairman	Address: The M Group Architects	Vice Chairman	Address: The M Group Architects	
Director	12110 Sunset Hills Road	Director	12110 Sunset Hills Road	
President	Suite 100	President	Suite 100	
☐Vice President	Reston, VA 20190	Vice President	Reston, VA 20190	
Secretary	Treasurer	Secretary	Treasurer	
Other	Other	Other	Other	
Chairman	Name:	Chairman	Name:	
Vice Chairman	Address:	☐Viœ Chairman	Address:	
Director		Director		
President		President		
☐Vice President		☐ Vice President		
Secretary	Treasurer	Secretary	Treasurer	
Other		Other		
	lag an attachment to report more than six (6). The atta- graded to the index when filing your Florida Departme	nt of State Annual Re		
	Signature of Director of	r Offloer		
The officer or direct she is aware that far a.817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Depart	r I I above) affirms the ment of State constitu	at the facts stated herein are true and that he or nes a third degree felony as provided for in	
13 Robert E.	Cole, Director			

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

# Commondue althor Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That The M Group Design, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 5, 1987;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date: March 18, 2025

Bernard J. Logan, Clerk of the Commission