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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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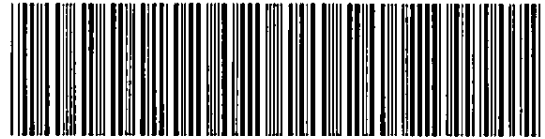
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foster + Partners 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 Poliski
Name of Person
LicenseSure LLC
Firm/Company
801 Second Avenue
Address
New York, NY 10017
City/State and Zip code
mpoliski@licensesure.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Poliski at (844) 554-2367
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. Foster + Partners 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. New Jersey 3. 33-1989176
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/8/2024 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. 300 West 57th Street, 26th Floor, New York, NY 10019
(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 Agents Inc.

Office Address: 7901 4th St N Ste 300

St. Petersburg, Florida 33702
(City) (Zip code)

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.

David Roberts

(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: Paul Stanbridge
☐ Vice Chairman Address: 17 Mansfield Place
☒ Director Suffern, NY 10901
☒ President United States
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Stuart Latham
☐ Vice Chairman Address: The Old Barn, Hollom Down Farm
☒ Director Lopcombe, Salisbury, Wiltshire
☐ President SP5 1BP England
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

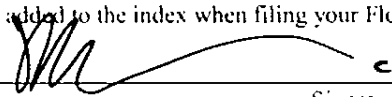
☐ Chairman Name: Cristopher Williams
☐ Vice Chairman Address: 33 Parkside Crescent
☐ Director Surrey, Surbiton KT59HT
☐ President England
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other Finance Director ☐ Other _____

☐ Chairman Name: Lishutong (Catherine) Zhang
☐ Vice Chairman Address: 2371 SW 26th Ter
☐ Director Miami, FL 33133
☐ President United States
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Roger Ridsdill Smith
☐ Vice Chairman Address: 13 Lancaster Road
☐ Director W11 1QL London
☐ President England
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mahn Kon Peter Han
☐ Vice Chairman Address: 300 West 57th Street, 26th Fl.
☒ Director New York, NY 10019
☐ President United States
☐ 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. STUART LATHAM, DIRECTOR
(Typed or printed name and capacity of person signing application)

Foster + Partners Inc. Additional Primary Officers and/or Directors

Name:	Justin Boyer
Address:	37 2nd Street, Apt. 2 Brooklyn, NY 11231 United States
Titles:	☐ Chairman ☐ Vice Chairman ☒ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other _____

Name:	Jeremy Dworken
Address:	337 E 10th Street Apt 4E New York, NY 10009 United States
Titles:	☐ Chairman ☐ Vice Chairman ☒ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other _____

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

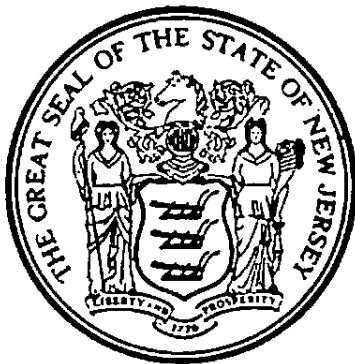
FOSTER + PARTNERS INC.
0101064148

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 08, 2024.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**LICENSESURE LLC C/O ZETLIN & DECHIARA LLP
325 CLAREMONT AVENUE #1
MONTCLAIRE, NJ 07042**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of June, 2025*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6165818061

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp