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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACTEC Architectural Services, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah J. Smith
(Name of Person)

MACTEC, Inc.
(Firm/Company)

1105 Lakewood Parkway, Suite 300
(Address)

Alpharetta, GA 30004
(City/State and Zip Code)

For further information concerning this matter, please call:

Broughton K. Lang at (770) 360-0746
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☒ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
MACTEC ARCHITECTURAL SERVICES, LLC

ARTICLE I

NAME OF LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is MACTEC Architectural Services, LLC.

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ARTICLE II

PRINCIPAL OFFICE OF LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is 1105 Lakewood Parkway, Suite 300, Alpharetta, GA 30009.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

The name and the Florida Street address of the registered agent are C T Corporation, 1200 South Pine Island Road, Plantation, FL 33324.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Rachel T Hayes
Registered Agent's Signature (REQUIRED)

RACHEL T. HAYES
ASSISTANT SECRETARY

(CONTINUED)

ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
Manager	Joseph D. Myers 560 Herndon Parkway Suite 200 Herndon, VA 20170-5240
Managing Member	J. Allen Kibler 1105 Lakewood Parkway Suite 300 Alpharetta, GA 30004

ARTICLE V

DURATION

The period of duration of the Limited Liability Company is perpetual.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. Allen Kibler, Managing Member
Typed or printed name of signee

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