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| (Requestor's Name) | | | |
|---|------|--|--|
| (Address) | • | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT I | MAIL | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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C. LEWIS

AUG - 9 2010

EXAMINER



Nadene M. McGuire (816) 360-4326 nmcguire@pelsinelli.com

700 West 47th Street, Suite 1000 Kansas City, MO 64112 (816) 753-1000 Facsimile: (816) 753-1536 www.polsinelli.com

August 3, 2010

Florida Secretary of State Registration Section Corporation Division P.O. Box 6327 Tallahassee, FL 32314

Re: Davidson Architecture & Engineering, LLC

Dear Ladies and Gentlemen:

Enclosed are the following documents for the above-referenced limited liability company that we are forwarding to you for processing:

- Cover Letter
- 2. Application for Authorization to Transact Business in Florida.
- 3. Certificate of Designation of Registered Agent/Office.
- 4. Certificate of Good Standing from Missouri Secretary of State.
- 5. Check in the amount of \$125.00 to cover the filing fee.

Please forward evidence of filing of the Application to the undersigned.

If you have any questions, please let us know.

Very truly yours,
Madene W. Lux

Nadene M. McGuire

Paralegal

NMM Enclosures

051713/112190-1875970.1

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT | · · · · · · · · · · · · · · · · · · · | Architecture & Engineering, LLC | | |
|----------------------------------|--|--|--|--|
| | ľ | Name of Limited Liability Company | | |
| | | iability Company for Authorization to Transact Business in Florida," Certificate of e above referenced foreign limited liability company to transact business in Florida | | |
| Please retu | urn all correspondence concerning this | matter to the following: | | |
| | | Nadene McGuire, Paralegal | | |
| | | Name of Person | | |
| | Polsinelli Shughart PC | | | |
| Firm/Company | | | | |
| 700 West 47th Street, Suite 1000 | | | | |
| | | Address | | |
| | | Kansas City, MO 64112 | | |
| | | City/State and Zip Code | | |
| | E mail addition | nmcguire@polsinelli.com s: (to be used for future annual report notification) | | |
| | | · | | |
| For further | r information concerning this matter, p | lease call: | | |
| _ | Nadene McGuire | at (816) 360-4326 | | |
| | Name of Person | Area Code & Daytime Telephone Number | | |
| D R P | AAILING ADDRESS: Division of Corporations Registration Section O. Box 6327 Callahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| _ | is a check for the following am \$125.00 Filing Fee \$130.00 Fi Certificat | _ | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Davidson Architecture & Engineering, LLC | |
|------|---|--|
| | . Davidson Architecture & Engineering, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Compa | iny," "L.L.C.," or "LLC.") |
| COT | If name unavailable, enter alternate name adopted for the purpose of transacting business in lonsent of the managers or managing members adopting the alternate name. The alternate nare company," "L.L.C," "LLC.") | |
| 2 | . Missouri (Jurisdiction under the law of which foreign limited liability (FEI number 1) | |
| (| . Missouri 3. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number) | er, if applicable) |
| 4. | January 16, 1996 5. | erpetual hability company will cease to |
| | (Date of Organization) (Duration: Year limited lexist or "perpetual") | liability company will cease to |
| 6. | upon qualification | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability | <i>y</i>) |
| 7. | . 11301 Strang Line Road, Lenexa, KS 66215 | |
| | | |
| | (Street Address of Principal Office) | 729 |
| 8. | . If limited liability company is a manager-managed company, check here | gers are as follows: |
| 9. | . The name and usual business addresses of the managing members or manag | gers are as follows: |
| | John Davidson, 11301 Strang Line Road, Lenexa, KS 66215 | |
| | · | ORIGINAL STREET |
| | | 94 |
| 10 | 0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by | the official having custody of records in |
| the | e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certifi | |
| trar | anslation of the certificate under oath of the translator must be submitted.) | |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: | To provide architectural |
| | and engineering services and all activities related thereto and in connection therew and all other business that limited liability companies may lawfully perform in the S | |
| | Od O. O | |
| | Signature of Amember or an authorized representative o | of a member. |
| | (In accordance with section 608.408(3), F.S., the execution of this docume an affirmation under the penalties of perjury that the facts stated herein an | |
| | John Davidson, Manager | |
| | Typed or printed name of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of | the Limited Liability Company is: | |
|--|--|--|
| | Davidson Architecture & Engineering, LLC | |
| If unavailable, th | he alternate to be used in the state of Florida is: | |
| 2. The name and | d the Florida street address of the registered agent and office are: | |
| | NRAI Services, Inc. (Name) | TABLE TO AU |
| | (Name) 2731 Executive Park Drive, Suite 4 | ETARS |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | P. F. STO |
| | Weston FL 33331 City/State/Zip | |
| liability company agent and agree relating to the pr | med as registered agent and to accept service of process for the above s y at the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions of roper and complete performance of my duties, and I am familiar with a y position as registered agent as provided for in Chapter 608, Florida S | ment as registered Call statutes nd accept the |

Sean L. Emerick, Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

DAVIDSON ARCHITECTURE & ENGINEERING, LLC LC0006084

was created under the laws of this State on the 16th day of January, 1996, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 3rd day of August, 2010

Secretary of State

