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COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SUBJE	CCT:		Chitects, L		
					s in Florida," Certificate of ransact business in Florida.
Please	return all correspondence	concerning this matter to	o the following:		
		Rose W	Juennenber Name of Person	5	
		KWIC	Architect Firm/Company	s, LLC	
		103 W. L	OCKWOOD, Address	Suite 218	<u> </u>
		St.L	OUIS, MO	43119	<u>_</u>
		_	OKWKarchi-	•	
For furt	her information concerning	g this matter, please cal	l;		
	Paul Name o	Nuennenberg of Contact Person	at (314 Area Code) 942.88 Daytime Telephon	e Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center (Tallahassee, FL 32301	
Enclose	d is a check for the follow \$125.00 Filing Fee	ring amount: \$130.00 Filing Fee Certificate of Status	& □ \$155.00 Filing Certified Copy		iling Fee, Certificate Certified Copy

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

		ICTION 605.0902, FLORIDA STATUTES, THE FOR BUSINESS INTHE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGI	ISTER A FOREIGN LIMITED LIABILITY		
1		KWK Architects,	LLC			
••	(Name of Forei	n Limited Liability Company; must include "Limited		"1		
ille	une unavailable, enter alternati	name adopted for the purpose of transacting business in Floric	fa. The alternate name must include "Limited I	Lizbility Company," "L. L. C." or "L.L.C.")		
2	M	1 550071 Which foreign lumined hability company is organized)	3. 46-222	LX 149		
	(Jurisdiction under the law of	which foreign lumited liability company is organized:	(Fh) m	imher, if applicable)		
4.		(Date first transacted business in Florida, if prior to re-	gistiation (
_	1/2 11/1	(See sections 603 1804 A 605 0905; F.S. to determine	r penalty liability)			
5.	(Street Address o	Principal Office)	6. Sur Mailing A	ddress)		
	<u> Suite 21</u>	<u>E</u>		7018 T		
	St Lud	5. inv .3114		E S T		
7.	Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	24 ARY ASSE		
	Name:	_Incurp Services, 1	nc.	E P P		
	Office Address:	m .13	1 North	PH 4: 08		
		Lox abatcher, F		En œ		
ο.	gistered agent's acce	(City)	(Zip c	rode)		
des (v (ignated in this applic comply with the provi	rgistered agent and to accept service of pration. I hereby accept the appointment as sions of all statutes relative to the proper a sof my position as registered agent. Courtney Thom	registered agent and agree to a mind complete performance of minds on behalf of InCorp Servi	ct in this capacity. I further agree y duties, and I am familiar with		
Q	The name title or car	acity and address of the person(s) who has				
a.	Title or Capacity:	Name and Address:	Title or Capacity:	<u>Name and Address:</u>		
	Member	Rad Wyconenberg	Hember	Eric Neuner		
	,	Wir Architects J	ıo	NUK AL BERTH		
	Member	Sara Korsker	Member	Javier Esterin		
		ici n Lockwal.		103 W Link will		
(U	se attachments if nece	sany) St Leaus, me 63119)	ST. LUMIS, MC UZIF		
juri	Attached is a certificate sdiction under the law he translator must be s	of existence, no more than 90 days old, do of which it is organized. (If the certificate submitted)	aly authenticated by the official is in a foreign language, a transl	having custody of records in the ation of the certificate under oath		
10. sub	This document is executive and the comment to the c	uited in accordance with section 605.0203 (the Department of State constitutes a third	1) (b), Florida Statutes, I am aw	are that any false information		
		White Man	mullen	··· · · · · · • • · · · · · · ·		
	Signature of an authorized person					
		Paul M.	luennen bers/			
		Typed or pr	inted traine of signee			

STATE OF MISSOUR,



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

KWK Architects, LLC LC1294822

was created under the laws of this State on the 28th day of February, 2013, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 16th day of August, 2018.

Secretary of State

THE TOTAL SUPPLEMENT OF THE PARTY OF THE PAR

Certification Number: CERT-08162018-0039