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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

2023 OCT -9 PM 2:28

FLORIDA  
DIVISION OF  
CORPORATIONS  
STATE

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2023 OCT -9 AM 1:04

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Foreign Limited Liability Company  
LCM ARCHITECTS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. LCM ARCHITECTS, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Illinois

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-4078383

(FEF number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 7901 4th St N STE 300

(Street Address of Principal Office)

6. 7901 4th St N STE 300

(Mailing Address)

St. Petersburg FL 33702

St. Petersburg FL 33702

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

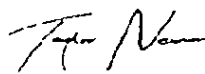
Florida

33702

(Zip code)

**Registered agent's acceptance:**

*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 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.*



(Registered agent's signature)

2023 OCT -9 AM 4:04  
STATE OF FLORIDA  
REGISTERED AGENTS

FILED

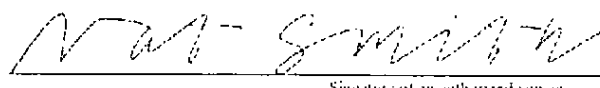
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>DOUGLAS MOHNKE</u>	<input checked="" type="checkbox"/> Manager	Name: <u>TODD DOUGLAS</u>
<input type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>	<input type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>
<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>	<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>CASEY BURCH</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>MARK SMALL</u>
<input type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>	<input type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>
<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>	<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>DOUGLAS ANDERSON</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>RICHARD LEHNER</u>
<input type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>	<input type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>
<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>	<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

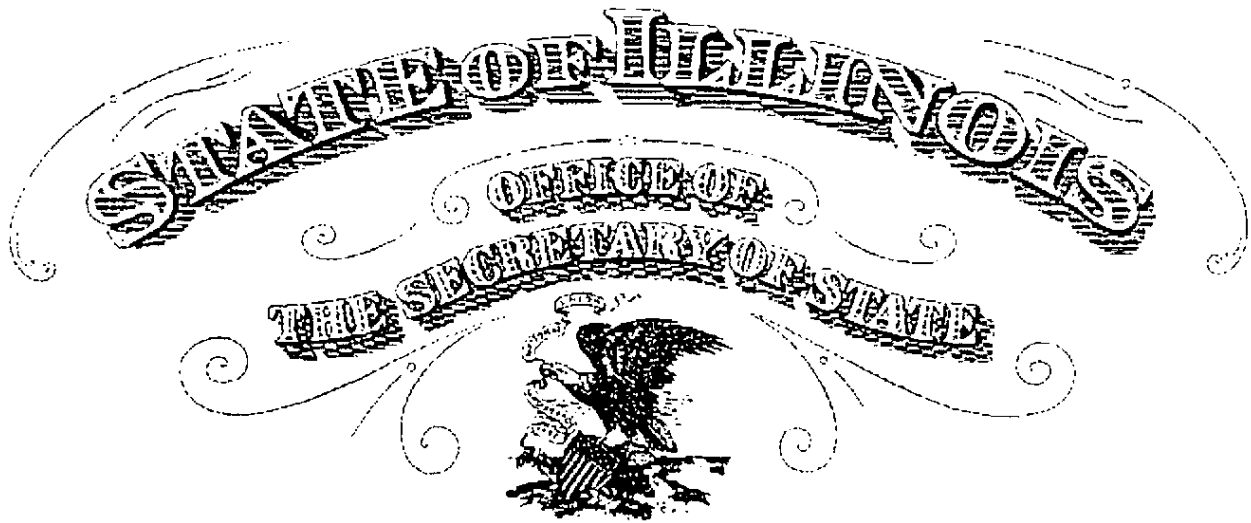
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

*File Number*

0006438-6



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

LCM ARCHITECTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 08, 1996, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 6TH*  
*day of OCTOBER A.D. 2023 .*