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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

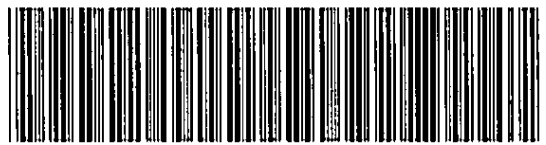
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CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: IKM Architecture, Inc.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Joel R. Bernard, AIA, NCARB  
Name (Printed or typed)

11 Stanwix St. Suite 2200  
Address

Pittsburgh, PA 15222  
City, State & Zip

878-999-2305  
Daytime Telephone number

JBernard@ikminc.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: IKM Architecture, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>11 Stanwix St. Suite 2200</u> <u>Pittsburgh, PA 15222</u>	Mailing address, if different is: <u>Street and Mailing Address are the same.</u>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
IKM Architecture is an Architecture, Planning, and Interior Design Corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares, privately held company.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>John Schrott, III, President</u> Address: <u>11 Stanwix St. Suite 2200</u> <u>Pittsburgh, PA 15222</u>	Name and Title: <u>Michael McDonnell, Director</u> Address: <u>11 Stanwix St. Suite 2200</u> <u>Pittsburgh, PA 15222</u>
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Name and Title: <u>Joel Bernard, Treasurer</u> Address: <u>11 Stanwix St. Suite 2200</u> <u>Pittsburgh, PA 15222</u>	Name and Title: _____ Address: _____
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Name and Title: <u>Roger Hartung, Secretary</u> Address: <u>11 Stanwix St. Suite 2200</u> <u>Pittsburgh, PA 15222</u>	Name and Title: _____ Address: _____
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**FILED**  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Melanie Como Harris  
Address: 1350 5th St. Unit 303  
Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Joel Bernard  
Address: 11 Stanwix St. Suite 2200  
Pittsburgh, PA 15222

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

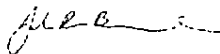


\_\_\_\_\_  
Required Signature/Registered Agent

September 7, 2022

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*



\_\_\_\_\_  
Required Signature/Incorporator

September 1, 2022

\_\_\_\_\_  
Date