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COVER LETTER

| | | tration Section on of Corporations | | | | |
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| SUBJE | CT: | Cordtsen Design Architecture. | Inc. | | | |
| | | Name of corporation - must include suffix | | | | |
| Dear Sir | or Ma | adam: | | | | |
| "Certific | cate of | "Application by Foreign Cor Existence," or "Certificate of red foreign corporation to tra | f Good Star | nding" and check are submi | | |
| Please re | eturn a | ill correspondence concernin | g this matter | r to the following: | | |
| Spencer | МсСоі | mbe | | | | |
| | | - | Name of | Person | | |
| Cordtser | n Desig | n Architecture, Inc. | | | | |
| | | | Firm/Com | ipany | | |
| 42 West | Main I | Rd. | | | | |
| | | | Addr | ess | · - | |
| Middleto | own, R | 1 02842 | | | | |
| _ | | | City/State a | nd Zip code | | |
| spencer@ | ()cordts | sendesign.com | | | | |
| | | E-mail address: | (to be used t | or future annual report noti | fication) | |
| For furth | ner info | ormation concerning this ma | tter, please o | call: | | |
| Michelle D. Quillin | | 401 t (| \ | | | |
| | Name | of Person | Area Cod | e Daytime Telephor | ne Number | |
| | Regist Division The Co 2415 N | ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 | : | MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL | ion orations | |
| | ake che | heck for the following amounck payable to: FLORIDA DEFing Fee | PARTMENT Fee & | | ■ \$87.50 Filing Fee, Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Cordison Design | 1 Architecture, Inc | | | |
|---|--|---|--------------------|--|
| (Enter name of e "Inc.," "Co.," "C | orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp,") | ," "COMPANY," "CORPORATION," | | |
| (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transacting business in | Florida) | |
| 2. Rhode Island | 1 | 46-2410430 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 4, 03/22,2013 | 5 | perpetual 5. | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | |
| 6. N/A | | | | |
| 7 42 West Main Re | L. Middletown, R1 02842 | 502, F.S., to determine penalty liability) ice <u>struct</u> address) | | |
| | (Current maili | ng address, if different) | | |
| 8. Name and stree Name: Office Address: | Carolina Arias 1219 Millennium Pkwy, Suite 138 Brandon (City) | D. Box NOT acceptable) Florida 33511 (Zip code) | 44-4E3-7 171 4: 18 | |
| o n : | | | | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Spencer McCombe □ Chairman □Chairman Name: _____ 7 Thurston Ave. ☐ Vice Chairman Address: ☐ Vice Chairman Address: ___ Newport, RI 02840 Director Director **■**President □ President □ Vice President _____ □Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ Other____ □Other _____ □ Other ______ □ Chairman Name: _____ □ Chairman Name: _____ □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director ☐President ☐ President □Vice President _____ ☐ Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer ☐ Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: _____ □ Director □ Director □ President □President □Vice President ____ ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ Other _____ □Other _____ □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.

Spencer McCombe, Principal, Cordtsen Design Architecture, Inc.



LONG FORM CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Cordtsen Design Architecture, Inc.

is a Rhode Island Professional Service Corporation organized on March 22, 2013.

I further certify as of the date of this certificate the attached summary is an accurate description of all known filings made in this office by the above-named entity.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office. This certificate is not to be considered as a notice of the corporation's tax status. financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Trey M and

January 24, 2025

STATE & RHOOK GOLDEN

Secretary of State

Certificate Number: 25010092230

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli-

State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, Secretary of State

Long Form Good Standing Summary For

Cordtsen Design Architecture, Inc.

IT IS FURTHER CERTIFIED that no amendments have been filed in this office as of this date.

Page Number: 2 of 2

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

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