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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

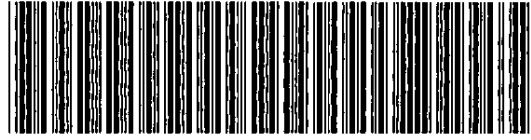
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

gt 5/20/15

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Boora Architects, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dawn Ridenour  
Name of Person

Boora Architects, Inc.  
Firm/Company

720 SW Washington St., Ste. 800  
Address

Portland, OR 97205  
City/State and Zip code

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

For further information concerning this matter, please call:

Kay Mitchell at ( 503 ) 226-1575  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FL 32304  
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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$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.

1. Boora Architects, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon 3. 93-0678760  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/31/1975 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 720 SW Washington St., Ste. 800, Portland, OR 97205  
(Principal office address)

720 SW Washington St., Ste. 800, Portland, OR 97205  
(Current mailing address)

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

Name: CT Corporation System

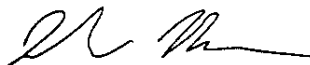
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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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.*



Jordan Brown, Assistant Secretary

(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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Please see attached.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Please see attached.

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

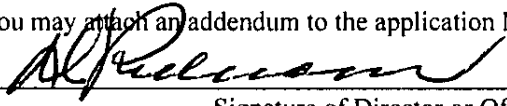
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or 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.

13. Dawn Ridenour, Treasurer

(Typed or printed name and capacity of person signing application)

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Question 11A

Name	Title	Business Address
Michael Tingley	Chairman	720 SW Washington St., Ste. 800 Portland, OR 97205
Amy Donohue	Vice Chairman	720 SW Washington St., Ste. 800 Portland, OR 97205
Chris Linn	Director	720 SW Washington St., Ste. 800 Portland, OR 97205
Michael Weeks	Director	720 SW Washington St., Ste. 800 Portland, OR 97205
John O'Toole	Director	720 SW Washington St., Ste. 800 Portland, OR 97205
Patrick Harrington	Director	720 SW Washington St., Ste. 800 Portland, OR 97205
Dawn Ridenour	Director	720 SW Washington St., Ste. 800 Portland, OR 97205

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Question 11B

Name	Title	Business Address
Michael Tingley	President	720 SW Washington St., Ste. 800 Portland, OR 97205
Amy Donohue	Vice President	720 SW Washington St., Ste. 800 Portland, OR 97205
Chris Linn	Secretary	720 SW Washington St., Ste. 800 Portland, OR 97205
Michael Weeks	Vice President	720 SW Washington St., Ste. 800 Portland, OR 97205
John O'Toole	Vice President	720 SW Washington St., Ste. 800 Portland, OR 97205
Patrick Harrington	Vice President	720 SW Washington St., Ste. 800 Portland, OR 97205
Dawn Ridenour	Treasurer	720 SW Washington St., Ste. 800 Portland, OR 97205

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TALLAHASSEE, FLORIDA

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 221M448J1

I, ROBERT TAYLOR, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

**BOORA ARCHITECTS, INC.**

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.



A handwritten signature in black ink, appearing to be "RT", written over a horizontal line.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

5/13/2015

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TALLAHASSEE, FLORIDA

**boora architects**

720 SW Washington  
Suite 800  
Portland, Oregon 97205  
503.226.1575  
503.241.7429 fax

boora.com

May 15, 2015

Division of Corporations  
Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

RE: Re-Qualification Form

To Whom It May Concern:

Enclosed please find Boora Architects, Inc.'s cover letter and application form for re-qualification to transact business in the state of Florida. Please note that Boora Architects, Inc. was previously registered in good standing with the state of Florida, but voluntarily withdrew in 2011 (document also enclosed).

If there is further information or documentation needed, please reach out to either Dawn Ridenour or Kay Mitchell.

Sincerely,

Boora Architects



Kay Mitchell  
Accountant  
503-226-1575  
mitchell@boora.com

Enclosures (7)

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