

RILDEPT. OF STATE BUS SVCS DIV

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

2021 FEB 26 AM 10: 04

Pursuant to the provisions of RIGL <u>7-1,2-1405</u> , the unapplies for a Certificate of Authority to transact busine for that purpose submits the following statement:	¥	•					
1. The name of the corporation is:							
Latimer, Sommers & Associates, P.A.							
2. It is incorporated under the laws of: Kansas							
3. The name, if different, which it elects to use in Rhode Island is:							
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:							
Latimer, Sommers & Associates, P.A. Corporation							
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:							
4. The date of its incorporation is: 12/31/1986							
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	ONLY						
Date certain for dissolution							
5. The address of its principal office is:							
3639 SW Summerfield Drive, Suite A, Topeka, KS 66614							
6. The name and address of the initial registered age	ent/office in Rhode Island:						
Agent Name Corporation Service Company							
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200							
City/Town Warwick	State RHODE ISLAND	Zip Code 02888					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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BY BNZ

7. The purpose or purp	oses which it pro	oposes to pursue in the	transaction o	of busines	ss in Rhode Island are:
Professional Engineer					
8. (a) The names and restate or country of whice			otional, unless	directors	s are required under the laws of the
NAME			ADDRESS		
	" -				
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				Chec	k the box to indicate an attachment
8. (b) The names and re	espective addre	sses of its principal offi	cers (mandato		ctors are not required under the laws
of the state or country of					
OFFICE		NAME			ADDRESS
PRESIDENT	Richard R. Be	3639 SW Summerfield Dr., Suite A, Topeka, KS		eld Dr., Suite A, Topeka, KS 66614	
VICE PRESIDENT	James A. Latimer		3639 SW Summerfield Dr., Suite A, Topeka, KS 66614		
TREASURER	Richard R. Beardmore		3639 SW Summerfield Dr., Suite A, Topeka, KS 66614		
SECRETARY	William R. Bassette		3639 SW Summerfield Dr., Suite A, Topeka, KS 66614		
	1		1	Chec	k the box to indicate an attachment
9. The aggregate numb par value, and series, if		-	sue; itemized	by class	es, par value of shares, shares without
NUMBER OF SHARES	CLASS		SERIES		PAR VALUE OR STATE NO PAR VALUE
5000					no par value
	<u> </u>				
		<u></u>			
					property of the corporation to be
the following year, when	-			•	the corporation to be owned during
0		•			
<u> </u>	Ó				
	siness in Rhode	Island during the follow	ving year com	pared to	s to be transacted by the corporation the gross amount thereof which will be from worksheet.)
0 0	,		-		
<u> </u>	0				

12. This application must be accompanied by a Certificate of Go formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	om the date of filing)
Under penalty of perjury, I declare and affirm that I have examin accompanying attachments, and that all statements contained h	• • • • • • • • • • • • • • • • • • • •
Type or Print Name of Authorized Officer	Date
Richard R. Beardmore, President	02/22/2021
Signature of Authorized Officer of the Combration	ENT HE WE

LSA's Stockholder's Officers:

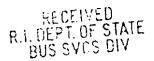
Name:	Richard R. Beardmore	William R. Bassette	James A. Latimer	David B. Everhart	Alexandre K. Karam
Title:	President/Treasurer	Vice President/Secretary	Vice President	Director	Director

Andrew J. Hess

Stockholder

Address:

OFFICE OF SECRETARY OF STATE SCOTT SCHWAB



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I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 1562636

Entity Name: LATIMER, SOMMERS AND ASSOCIATES, P.A.

Entity Type: PROFESSIONAL ASSOCIATION

State of Organization: KS

was filed in this office on December 31, 1986, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of February 22, 2021

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1166680 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.



State of Rhode Island

Board of Registration for Professional Engineers



BE IT KNOWN THAT

Latimer, Sommers & Associates, PA

qualifications required by law is hereby authorized to practice having given satisfactory evidence of having the

Engineering as a Corporation

Mechanical

IN THE STATE OF RHODE ISLAND

Issued: 02/12/2021 Certificate of Authorization No.: 9007 fatheri O Sterle

Expires: 06/30/2022

Chairperson

Tetrees A. Walter

Secretary