RI SOS Filing Number: 202342561700 Date: 11/2/2023 12:24:00 PM



## State of Rhode Island **Department of State - Business Services Division**

State

**RHODE ISLAND** 

Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200

Filing Fee: \$310.00 minimum  Pursuant to the provisions of RIGL 7-1,2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and	
Pursuant to the provisions of RIGL 7-1,2-1405, the undersigned foreign corporation hereby	
or that purpose submits the following statement:	
1. The name of the corporation is:	
Kamus Architects, Inc.	
2. It is incorporated under the laws of: California	
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", "co "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of above corporate endings for use in Rhode Island:	
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name State filed with this application:	
4. The date of its incorporation is: 06/10/2005	
And the period of its duration is: CHECK ONE BOX ONLY  Perpetual (on-going)	97.7 9.7
Date certain for dissolution	5.1
5. The address of its principal office is:	
1965 Yosemite Ave #205, Simi Valley, CA 93063	
1000 Toscinico Ave #200, Ontil Valley, OA 00000	
6. The name and address of the initial registered agent/office in Rhode Island:	

MAIL TO:

**Division of Business Services** 

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

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

City/Town Warwick

NOV 0 2 2023

Zip Code

02888

7. The purpose or purpo Architecture and Inte			sue in the	transaction of	business in Rhode Island ar	e:	
8. (a) The names and re state or country of which			ectors (op	tional, unless o	directors are required under	the laws of the	
NAME		ADDRESS					
John Howard Kamus		1914 SW Saint Andrews Drive, Palm City, FL 34990					
				Check the box to indicate an attachment			
8. (b) The names and re of the state or country of			incipal offic	cers (mandator	y if directors are not required	d under the laws	
OFFICE		NAME		ADDRESS			
PRESIDENT	John Howard Kamus		1914 SW Saint Andrews Drive, Palm City, FL 34990				
VICE PRESIDENT							
TREASURER	John Howard Kamus		1914 SW Saint Andrews Drive, Palm City, FL 34990				
SECRETARY	John Howard Kamus			1914 SW Saint Andrews Drive, Palm City, FL 34990			
	1				Check the box to indicate	an attachment	
9. The aggregate numb par value, and series, if			hority to is	sue; itemized t	by classes, par value of share	es, shares without	
NUMBER OF SHARES	CLAS	is	<del></del>	SERIES	PAR VALUE OR STAT	E NO PAR VALUE	
2,500	<u>Common</u>				\$0.01	341	
						Amphinus 24	
		<del></del> -			_		
	during the follo	owing year bea	ars to the	value of all pro	of the property of the corpor perty of the corporation to be theet.)		
0 %	•					1120	
at or from places of bus	iness in Rhode tration during the	e Island during	the follow	ing year comp	ousiness to be transacted by ared to the gross amount the btained from worksheet.)		
70	,						

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Standing Standin</u>	Status from the state or	country of				
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY						
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the date of filing)						
14. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of Authorized Officer	Date					
John Howard Kamus	11/01/2023					
Signature of Authorized Officer of the Corporation		2377				
.chr.dimus (Nov 1, 2023 14 49 EDT)						



I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: KAMUS ARCHITECTS, INC.

**Entity No.:** 2752200 **Registration Date:** 06/10/2005

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 02, 2023.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 156258125

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

November 02, 2023 12:24 PM

Gregg M. Amore Secretary of State

Treg M. Coure

