



**State of Rhode Island**  
**Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Corporation****Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**The name of the corporation is Johnson Laffen Galloway Architects, Ltd.**SECTION II**It is incorporated under the laws of State: ND Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

**SECTION IV**The date of its incorporation is 12/30/1988and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 214 BROADWAY NCity or Town: FARGOState: NDZip: 58102Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE. STE 2City or Town: BARRINGTONState: RIZip: 02806and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC**SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

ARCHITECTURAL SERVICES**SECTION VIII**

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or

country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DANIEL MILLER	214 BROADWAY N FARGO, ND 58102 USA
TREASURER	JASON HAAGENSON	214 BROADWAY N FARGO, ND 58102 USA
SECRETARY	CHRISTOPHER HEIDRICH	214 BROADWAY N FARGO, ND 58102 USA
VICE PRESIDENT	JENNIFER BURKE JACKSON	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	AMANDA KOSIOR	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	JONATHAN HOLTH	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	MICHELLE MONGEON ALLEN	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	NICHOLAS LIPPERT	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	TOM BEHM	214 BROADWAY N FARGO, ND 58102 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DANIEL MILLER	214 BROADWAY N FARGO, ND 58102 USA
TREASURER	JASON HAAGENSON	214 BROADWAY N FARGO, ND 58102 USA
SECRETARY	CHRISTOPHER HEIDRICH	214 BROADWAY N FARGO, ND 58102 USA
VICE PRESIDENT	JENNIFER BURKE JACKSON	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	AMANDA KOSIOR	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	JONATHAN HOLTH	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	MICHELLE MONGEON ALLEN	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	NICHOLAS LIPPERT	214 BROADWAY N FARGO, ND 58102 USA
DIRECTOR	TOM BEHM	214 BROADWAY N FARGO, ND 58102 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

			Total Authorized Shares	
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Class of Stock	Series of Stock	Par Value Per Share	Num of Shares	
CNP		NONE	\$0.0000	200,000.00

**Signed this 14 Day of November, 2023 at 5:09:19 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By JASON HAAGENSON  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# *State of North Dakota*

## SECRETARY OF STATE



### **Certificate of Good Standing of JOHNSON LAFFEN GALLOWAY ARCHITECTS, LTD.**

**SOS Control ID#: 0000000318**

**Certificate #: 024339733-1**

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

**JOHNSON LAFFEN GALLOWAY ARCHITECTS, LTD.**

a Corporation - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective December 30, 1988. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

**ACCORDINGLY**, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

**DATE:** November 3, 2023

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe  
Secretary of State



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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 14, 2023 05:08 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

