F03 00000 3911

	(Requestor's Name)	
	(Requesions Name)	
	(Address)	<u></u>
	(Address)	······································
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filling Officer:	
		811
<u> </u>	Office Use Only	THOSE



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Noelker and Hull Associates, 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", 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:
Birgitt E. Oesterling
(Name of Person)
Noelker and Hull Assoc., Inc.
(Firm/Company)
30 West king Street
(Address)
Chambersburg, PA 17201
(City/State and Zip code)
For further information concerning this matter, please call:
Birgitt E. Oesterling at (717) 263-8464
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing 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.

1.	Noelker a	nd Hull As	sociates. In	COIDOISI	ed	
((Name of corpo	ration; must inc	lude the word "INC	ORPORATE	D", "COMPANY", "CORPORA indicate that it is a corporation is	
			not so contained in			
	Pennsylva		<u></u>	3.	25-1223851	
(State or country	under the law	of which it is incorp	orated)	(FEI number, if a	pplicable)
4.	1971			5.	Perpetual	
	(Dat	c of incorporati	on)		(Dutation: Year corp. will coas	e to exist or "perpetual")
	Upon Qual					
()	Date first transs	ected business in			rensected business in Florida, in 607.1502 and 817.155, F.S.)	sen "upon qualification.")
7.	30 West K	ing Street	, Chambersbu	g, PA	17201	7
			, ,	l office addr	•	SEC.
	30 West K	ing Street	, Chambersbui	g, PA	17201	A A
_			(Curteni	mailing addr	cas)	ASS.
£.	Architect	ure				SEE. B
٠, .	(Ригросе)	(E) of corporation	n authorized in hom	c state of co	untry to be carried out in state of	Florida)
9. !	Name and st	reet address o	l Florida register	ed agent:	(P.O. Box or Mail Drop Box)	NOT acceptables
	Name:	Michael S				₽
			bnitz & Coop	ar		
Off	fice Address:	1717 S. O	range Avenue			
	ť	Orlando		;	, Florida32806	•
			(City)		(Zip code)	
10	Registered :	agent's accept	ence:			
Ha	vine been nai	med as reviste	red agent and to a	ccept servi	ce of process for the above st	ated corporation at the place
des	ignated in thi	is application,	I hereby accept th	ie appoints	ent as registered agent and c	agree to act in this capacity. I
fur dus	ther agree to	comply with the familian with	he provisions of a and acceptable ab	ll Statutes r Jientions of	elative to the proper and com my position as registered ag	piete performance of my ent.
ин	123) MITT Y MAI	A	1		my pountain no reference -8	
		\mathcal{V}	XII		2	
	•		(Register	ed agent's si	enstate)	

11. 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.

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

A. DIREC	CTORS ·			
Chairman:	• <u> </u>			.+
Address:		- ·· <u></u>	24 - 1 <u>.</u>	
		_		
Vian Chairm				
	nan:			
Address:			- <u> </u>	*
			, , , , , , , , , , , , , , , , , , ,	
Director: _				·
Address:		- seems	<u>₹</u>	
	· · · · · · · · · · · · · · · · · · ·)3 A	
Director			HAT HE	ACCOUNTS OF
			SEX F	Į.
Address:		, ga	-73	
		<u> </u>	SE 37	
B. OFFIC	CERS		37	
President: _	Michael G. Hull, AIA	<u></u>		
	4670 Deer Spring Road	_		
	Braddock Heights, MD 21714			
. .				
Vice Preside	ent: Michael Allen-Hall, AIA			<u> </u>
Address:	522 Larkspur Lane		<u> </u>	<u> </u>
	Chambershurg, PA 17201			<u> </u>
Secretary: _	Bobby H. Fike, AIA	<u> </u>		<u> </u>
	406 Greenway Circle, Greencastle, PA 17225			
Treasurer:			-	
		<u></u>	<u> </u>	·
Address:	119 N. Broad Street, Waynesboro, PA 17268	<u>-</u>	· -	<u> </u>
NOTE: If	necessary, you may attach an addendum to the application listing additional	officers an	d/or directors	
	Michael Illes Ha OO	Officers an	id/of directors	•
13	(Signature of Chairman, Vice Chairman, or any officer listed in numbe	r 12 of the	application)	
1.4	Michael G. Hull, AIA, President		-r-r-witten	
14.	(Typed or printed name and capacity of person signing applica	tion)		 ·

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

July 18, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NOELKER AND HULL ASSOCIATES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth