

# FOI000002063

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMES CARPENTER DESIGN ASSOCIATES INC.  
(Name of corporation - must include suffix)

MJH

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:

DIANE CHILLOG  
(Name of Person)  
JAMES CARPENTER DESIGN  
(Firm/Company)  
145 HUDSON ST., 4TH FLOOR  
(Address)  
NEW YORK, NY 10013  
(City/State and Zip code)

FILED  
APR 12 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

100003995121--4  
-04/12/01-01110-002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

DIANE CHILLOG at (212) 431-4318  
(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  
P.O. Box 6327  
Tallahassee, FL 32314

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. JAMES CARPENTER DESIGN ASSOCIATES INCORPORATED  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK 3. EIN 13-2982168  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/79 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.))
7. 145 HUDSON ST, NEW YORK, NY 10013  
(Principal office address)
- SAME  
(Current mailing address)
8. PROFESSIONAL ARTIST COMMISSION  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: PATREA ST. JOHN  
Office Address: 14 MIDDLESEX DRIVE  
FT. LAUDERDALE, FLORIDA, Florida 33305  
(City) (Zip code)

FILED  
01 APR 12 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**10. 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.*

  
(Registered agent's signature)

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. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

President: JAMES F. CARPENTER (SOLE SHAREHOLDER)

Address: 474 GREENWICH ST., #6S  
NEW YORK, NY 10013

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

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

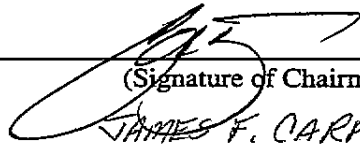
Secretary: \_\_\_\_\_

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

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

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

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

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JAMES F. CARPENTER, PRESIDENT \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

**State of New York } ss:  
Department of State**

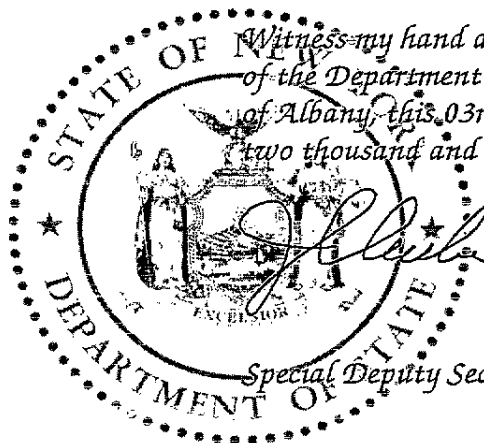
I hereby certify, that the Certificate of Incorporation of JAMES CARPENTER DESIGN ASSOCIATES INC. was filed on 05/09/1979, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany this 03rd day of April  
two thousand and one.



*[Signature]*  
Special Deputy Secretary of State

200104040427 46