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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Narramore Associates AIA Architects, 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:

David L. Narramore  
(Name of Person)  
Narramore Associates, Inc.  
(Firm/Company)  
P.O. Box 8438  
(Address)  
Greenville, SC 29604  
(City/State and Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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For further information concerning this matter, please call:

David L. Narramore at ( 864 ) 242-9881  
(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. Narramore Associates AIA Architects, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(Note: We would prefer to do business  
as Narramore Associates, Inc. if poss

Narramore Associates, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Carolina 3. 57-0656316  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 1, 1977 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 310 Mills Avenue, Suite 203, Greenville, SC 29605  
(Principal office address)

P.O. Box 8438, Greenville, SC 29604  
(Current mailing address)

8. Architecture  
(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 NOT acceptable)

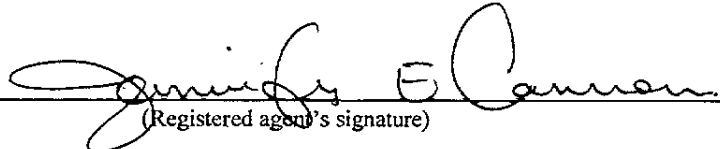
Name: Jennifer E. Cannon

Office Address: 414 Riverwoods Trail

Chuluota, Florida 32766  
(City) (Zip code)

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:

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**A. DIRECTORS**

Chairman: N/A

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

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

**B. OFFICERS**

President: David L. Narramore

Address: P.O. Box 8438

Greenville, SC 29604

Vice President: David L. Narramore

Address: (Same as above)

Secretary: David L. Narramore

Address: (Same as above)

Treasurer: David L. Narramore

Address: (Same as above)

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. David L. Narramore - President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

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# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

NARRAMORE ASSOCIATES, A.I.A. ARCHITECTS, INC.,  
a corporation duly organized under the laws of the State of South Carolina on  
September 1st, 1977, and having a perpetual duration unless otherwise indicated  
below, has as of the date hereof filed all reports due this office, paid all fees,  
taxes and penalties owed to the Secretary of State, that the Secretary of State  
has not mailed notice to the Corporation that it is subject to being dissolved by  
administrative action pursuant to section 33-14-210 of the South Carolina Code,  
and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
5th day of January, 2005.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State