F11000001268

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
	WAIT	MAIL
(Bu	siness Entity Nar	me)
	·	
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200191252752

01/18/11--01053--017 **78.75

11 MAR 22 AM 11:57

FILED SECRETARY OF STATE BIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Abby Suckle Arch	nitect, PC
	orporation - must include suffix
Dear Sir or Madam:	
	ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the act business in Florida.
Please return all correspondence concerning t	his matter to the following:
Abby Suckle	
	Name of Person
Abby Suckle Architect, PC	
	Firm/Company
511 West 25th Street Suit	e 707
	Address
New York, NY 10001	
	ty/State and Zip code
abby@abbysuckle.com	
	be used for future annual report notification)
For further information concerning this matter	r, please call:
Abby Suckle at a	212) 604-0900
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 Fe Certificate of St.	e & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED 11 HAR 22 PM 2: 11

MAISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2011

ABBY SUCKLE 511 WEST 25TH STREET, SUITE 707 NEW YORK, NY 10001

SUBJECT: ABBY SUCKLE ARCHITECT, PC

Ref. Number: W11000003577

We have received your document for ABBY SUCKLE ARCHITECT, PC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 511A00001651

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.

Abby Suckle Architect, PC (Enter name of corporation; must include "INCORPORA	ATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate	e name adopted for the purpose of transacting business in Florida
New York	_{3.} <u>20-0993275</u>
(State or country under the law of which it is incorporated	d) (FEI number, if applicable)
April, 2004	5. perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
, -	
	siness in Florida, if prior to registration)
·	607.1502, F.S., to determine penalty liability)
(Principal office	ice address)
(Principal office) 511 West 25th Street Suite 707	ice address) 7 New York, NY 10001
	ice address) 7 New York, NY 10001
(Principal office Solution 707) (Current mailing)	ice address) 7 New York, NY 10001
511 West 25th Street Suite 707 (Current mailing) Architecture firm	7 New York, NY 10001 Ing address)
Principal office 511 West 25th Street Suite 707 (Current mailing)	7 New York, NY 10001 Ing address)
(Principal office Solution 707) Solution (Current mailing Architecture firm (Purpose(s) of corporation authorized in home states)	te or country to be carried out in state of Florida)
(Principal office Solution 707) Street Suite 707 (Current mailing Architecture firm (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent	te or country to be carried out in state of Florida) t: (P.O. Box NOT acceptable)
(Principal office 511 West 25th Street Suite 707 (Current mailing Architecture firm (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent Name:	te or country to be carried out in state of Florida)
(Principal office Solution 707) Solution (Current mailing Architecture firm (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent	te or country to be carried out in state of Florida) T: (P.O. Box NOT acceptable)
(Principal office 511 West 25th Street Suite 707 (Current mailing Architecture firm (Purpose(s) of corporation authorized in home state Name and street address of Florida registered agent Name:	te or country to be carried out in state of Florida) t: (P.O. Box NOT acceptable)

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: Abby Suckle Address: 511 West 25th Street Suite 707 New York, NY 10001 Vice Chairman: ___ Address: Director: Director: **B. OFFICERS** President: Abby Suckle Address: 511 West 25th Street Suite 707 New York, NY 10001 Vice President: ___ Secretary: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a

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

third degree felony as provided for in s.817.155, F.S.

14. Abby Suckle , LYCS.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ABBY SUCKLE ARCHITECT, P.C. was filed on 04/07/2004, 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 an existing corporation.



SECRETARY OF STATE
SIVISION OF CORPORATIONS
11 MAR 22 AM II: 57

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 01st day of March two thousand and eleven.

First Deputy Secretary of State