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SECNETARY OF STATE
AND AN ASSEE FLORIDA

WA-25675

## **COVER LETTER**

Division of Corporations	
SUBJECT: Piazza Architecture Planning A Profe Name of corporation - must include suffix Architectural (	·5510
Name of corporation - must include suffix Architectural (	orpor
Dear Sir or Madam:	·
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:	
Michael A. Piazza	
Name of Person	
Michael A. Piqzza  Name of Person  Piqzza Architecture Planning APAC  Firm/Company	<del></del>
849 Galvez Street, Suite 200	
Address	
Mandeville, LA 70 448  City/State and Zip code	· <del></del>
City/State and Zip code	
City/State and Zip code  Plazza @ 847 Galvez.Com  E-mail address: (to be used for future annual report notification)	
E-main address. (to be used for future aimain report normalitory	
For further information concerning this matter, please call:	
Ann Plauche at (985) 626-1564	
Ann Plauche at (985) 626-1564  Name of Person Area Code & Daytime Telephone Number	
·	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section	
Division of Corporations  Clifton Building  P.O. Box 6327	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee Certified Copy	



May 7, 2014

MICHAEL A. PIAZZA 847 GALVEZ ST SUITE 200 MENDEVILLE, LA 70448

SUBJECT: PIAZZA ARCHITECTURAL PLANNING, A PROFESSIONAL

ARCHITECTURAL CORPORATION

Ref. Number: W14000028875

We have received your document for PIAZZA ARCHITECTURAL PLANNING, A PROFESSIONAL ARCHITECTURAL CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation must have a principal office address listed on the articles of incorporation.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

1 1

Letter Number: 414A00009770

## 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.

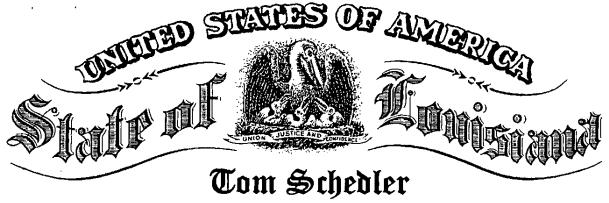
1. Piazza Arch. Lecture Planning A Professional A (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	rchifeet.	ura
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	Colla	rat
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business		
2. Louisiana (State or country under the law of which it is incorporated)  3. 46-1643228 (FEI number, if applicable)		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. 12/27/12 5. Perpetual (Duration: Year corp. will cease to exist or "		
(Date of incorporation) (Duration: Year corp. will cease to exist or "	perpetual")	
6.		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 31 Ciribea Circle, Santa Rusa Beach, FL 3 (Principal office address)	32454	
(Principal office address)	,	
(Current mailing address)	<u> </u>	
8. Architectural 3ervices  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2003 2003 4 H +	• ,
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u> </u>	34
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	7 P	* •
Name: SEPHEN W. PLAZZA	PH 2:	Ť
Office Address: 31 CARRISA CIR	37	
SANTA POSA BCH, Florida 32459 (City) (Zip code)		
(City) (Zip code)		
10. Decide of the self-constants		

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.

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: Michael A. Piazza AlA  Address: 847 Galvez St., Ste200  Mandeville, LA 70448	
Address: 847 Galver St. Ste 200	
Mandeville LA 70448	
Vice President:	<u>.</u>
Address:	美
Secretary:	7 2:
Address:	<u> </u>
Treasurer:	]>- 1:- 1:- 1:- 1:- 1:- 1:- 1:- 1:- 1:- 1:
Address:	
NOTE: If necessary, journay attach an addendum to the application listing	additional officers and/or directors.
13. /WW/	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12)	2 above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a docu a third degree felony as provided for in s.817.155, F.S.	ument to the Department of State constitutes
14. Michael A. Piazza President  (Typed or printed name and capacity of person signi	ng application)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana I do hereby Certify that

the Articles of Incorporation of

## PIAZZA ARCHITECTURE PLANNING, A PROFESSIONAL ARCHITECTURAL CORPORATION

Domiciled at MANDEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on December 27, 2012,

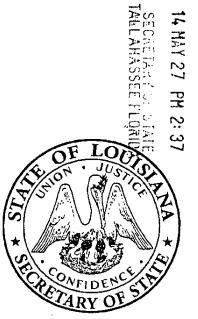
I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 24, 2014

Secretary of State

TS 41033243D



Certificate ID: 10484425#LJH62

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov