

# F1400005422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

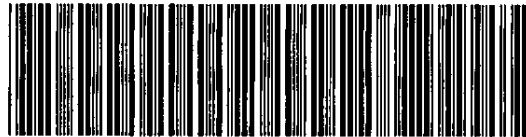
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



300266236003

11/17/14--01003--005 \*\*87.50

14 DEC 19 PM 5:01

14 DEC 22 PM 5:01

W14-29692

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Structural Design, 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," 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:

Anthony J. Greco  
Name of Person

Structural Design, Inc.  
Firm/Company

275 E Liberty  
Address

Ann Arbor, MI 48104  
City/State and Zip code

office@sdstructures.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mona L. Bradford at ( 734 ) 213-6091  
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 Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 DEC -3 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 19, 2014

ANTHONY J. GRECO  
275 E LIBERTY  
ANN ARBOR, MI 48104

SUBJECT: STRUCTURAL DESIGN, INC.  
Ref. Number: W14000069692

We have received your document for STRUCTURAL DESIGN, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

~~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 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

Letter Number: 614A00024547



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2014

ANTHONY J. GRECO  
275 E LIBERTY  
ANN ARBOR, MI 48104

SUBJECT: STRUCTURAL DESIGN, INC.  
Ref. Number: W14000069692

We have received your document for STRUCTURAL DESIGN, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

We are sending the check back, we need a certificate of existence from Michigan, dated not more than 90 days ago.

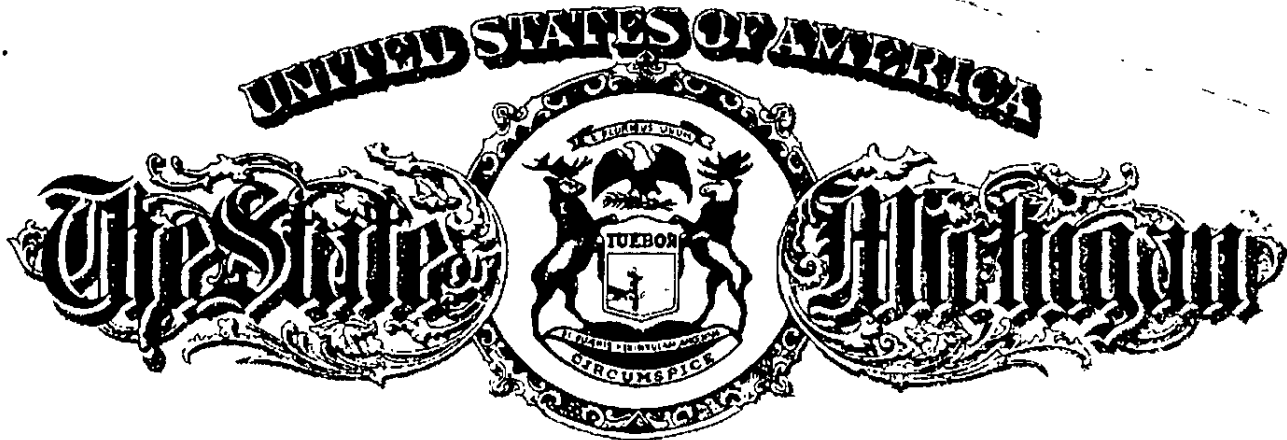
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 614A00024547

RECEIVED  
14 DEC 22 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**STRUCTURAL DESIGN INCORPORATED**

was validly incorporated on October 23, 1991, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

14 DEC 22 PM 5:01  
STATE  
CLERK  
LANSING, MICHIGAN



Sent by Facsimile Transmission  
1286071

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of December, 2014.

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau

**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. **Structural Design, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SDI Structures, Inc

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

2. **Michigan**

(State or country under the law of which it is incorporated)

3. **38-3015077**

(FEI number, if applicable)

4. **October 1991**

(Date of incorporation)

5. **Perpetual**

(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. **275 E Liberty, Ann Arbor, MI 48104**

(Principal office address)

**275 E Liberty, Ann Arbor, MI 48104**

(Current mailing address)

8. **Consulting Services-Professional Engineering**

(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: **REGISTERED AGENTS INC.**

Office Address: **3030 N. Rocky Point Dr., STE 150A.**

**Tampa**

(City)

**Florida 33607**

(Zip code)

14 DEC 22 PM 5:01  
RECEIVED  
FLORIDA  
SECRETARY OF STATE

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.*



Bill Havre - President

(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.

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Anthony J. Greco

Address: 275 E. Liberty, Ann Arbor, MI 48104

Vice President: Paul A. Dannels

Address: 275 E. Liberty, Ann Arbor, MI 48104

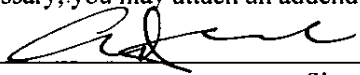
Secretary: \_\_\_\_\_

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

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

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

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

12. 

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

13. Anthony J. Greco-President

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