

F15000003720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 AUG 24 PM 12:34

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8/24/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2015

JOSETTE BEADY
ARCHITRAVE GROUP PC
157 BROAD ST - STE 107
RED BANK, NJ 07701

SUBJECT: ARCHITRAVE GROUP PC CORPORATION
Ref. Number: W15000052278

We have received your document for ARCHITRAVE GROUP PC CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 915A00017232

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Architrave Group PC

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:

Josette Beady

Name of Person

Architrave Group PC

Firm/Company

157 Broad St., Suite 107

Address

Red Bank, NJ 07701

City/State and Zip code

jbeady@architravegroup.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josette Beady

Name of Person

at (732) 212-0007

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



10 August 2015

Ms. Tammy Hampton
Regulatory Specialist III
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Ref. No. W15000052278

Dear Ms. Hampton,

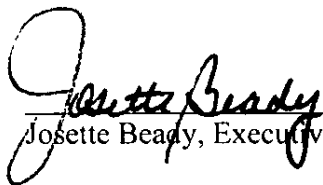
As per our telephone conversation on 10 August 2015. We have added the word "Corporation" to all forms as per your request.

If you require any additional information please contact us.

Thank you

Very truly yours,

ARCHITRAVE GROUP PC



Josette Beady, Executive Administrator

**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. Achitrave Group PC Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New Jersey 3. 45-1644734
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 11, 2011 5. 2 years
(Date of incorporation) (Date of duration, if other than 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. 157 Broad St., Suite 107, Red Bank, NJ 07701
(Principal office address)

Same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

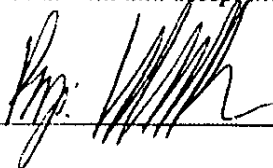
Name: NRAL Services, Inc.

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324
(City) (Zip code)

9. 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.



**Wendy Rea
Vice President & Assistant Secretary**

(Registered agent's signature)

10. 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.

FILED
15 AUG 24 PM 12 34
DEPARTMENT OF STATE
HALLWAY - 3000
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Jose C. Santos

Address: 157 Broad St., Suite 107

Red Bank, NJ 07701

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jose C. Santos

Address: 157 Broad St., Suite 107

Red Bank, NJ 07701

Vice President: Gerard Spanola

Address: 157 Broad St., Suite 107

Red Bank, NJ 07701

Secretary: Josette Beady

Address: 157 Broad St., Suite 107, Red Bank, NJ 07701

Treasurer: Josette Beady

Address: 157 Broad St., Suite 107, Red Bank, NJ 07701

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 11 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. Jose C. Santos

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

**DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

ARCHITRAVE GROUP PC

0400411391

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on April 14, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Carroll McNulty & Kull Llc
120 Mountain View Boulevard
P.O. Box 650
Basking Ridge, NJ 07920*



Certification# 137123047

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
21st day of August, 2015*

Robert A. Romano

Robert A Romano
Acting State Treasurer

FILED
15 AUG 24 PM 12:34
TREASURY DIVISION
STATE OF NEW JERSEY