(Requestor's Name) (Address)

02/02/17--01009--006 **87.50

FEB 1 5 2017 S. YOUNG SELRE TARY OF STATE TALLAHASSEE, FLOODS

4185 W17.10191

Special Instructions to Filing Officer:

(Address)

PICK-UP

(City/State/Zip/Phone #)

WAIT

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ____

MAIL

Office Use Only



RECEIVED

FFB 1 0 2017

PERRY M. PETRILLO

ARCHITECTS, P.C.

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2017

1

PERRY PETRILLO PERRY M PETRILLO ARCHITECTS, PC 9 PARK AVENUE 'PARK RIDGE, NJ 07656

SUBJECT: PERRY M PETRILLO ARCHITECTS, PC Ref. Number: W17000010191

We have received your document for PERRY M PETRILLO ARCHITECTS, PC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An accepatable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 817A00002266

Hi Sheila as requested please see attached Corrected document.

COVER LETTER

TO: **Registration Section Division of Corporations**

PETIENLLO SIECHITEORS, PC PERRY SUBJECT:

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:

PERKY PETRILLO Name of Person	
PERRY M. PETRILLO SACHITECTS, PC	
Firm/Company	
9 Park Auenue	
Address	1
Park RIDCOE, NEW JERSEY 07656	
City/State and Zip code	N
PPETRILLO @ PETRILLO SACHTRETS . COM	AFI
E-mail address: (to be used for future annual report notification)	
per information concerning this matter please call.	20

For further information concerning this matter, please call:

PERKY PETKILLO Name of Person

at (201) 307-6153 Daytime Telephone Number

Area Code

STREET/COURIER ADDRESS:

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

Enclosed is a check for the following amount:

\$70.00 Filing Fee

1 \$78.75 Filing Fee & Certificate of Status MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

5 \$78.75 Filing Fee & Certified Copy

2 \$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.

(If name unavailable in Florida, enter alternate corpor	rate name adopted for the purpose of transacting business in F	'lorida)
NEW JERSEY	3. 20-2513515	
 (State or country under the law of which it is incorpo 	orated) (FEI number, if applicable)	
MARCH 16,2005	5.	
(Date of incorporation)	5 5 (Date of duration, if other than perpetual))
	,	
	ousiness in Florida, if prior to registration)	
	& 607.1502, F.S., to determine penalty liability)	
	& 607.1502, F.S., to determine penalty liability) RIDCOR, NEW JERREY 07(05Co	
	& 607.1502, F.S., to determine penalty liability)	
9 PARK SUENUE, PARK	& 607.1502, F.S., to determine penalty liability) <u>RIDCOR</u> , <u>NEW</u> <u>JERSEY</u> <u>OT(65Co</u> (Principal office address)	
9 PARK SUENUE, PARK	& 607.1502, F.S., to determine penalty liability) RIDCOR, NEW JERREY 07(05Co	17 E
9 PARK SUENUTE, PARK (Curre	& 607.1502, F.S., to determine penalty liability) <u>RIDCOR</u> , <u>VELS</u> <u>JERSET</u> <u>OT(65Co</u> (Principal office address) ent malling address, if different)	17 FE3
9 PARK AUELUTE, PARK (Curre Name and <u>street address</u> of Florida registered age	& 607.1502, F.S., to determine penalty liability) <u>RIDCOR</u> , <u>VELS</u> <u>Strektory</u> <u>OT(65Co</u> (Principal office address) ent malling address, if different) ent: (P.O. Box <u>NOT</u> acceptable)	17 FE3 -2
9 PARK AUENUTE, PARK (Curre Name and <u>street address</u> of Florida registered age Name: Corear of Tion Se	& 607.1502, F.S., to determine penalty liability) <u>RIDCOR</u> , <u>VELS</u> <u>Strespy</u> <u>OT(65Co</u> (Principal office address) ent malling address, if different) ent: (P.O. Box <u>NOT</u> acceptable) EXILLE CARPANY	\sim
9 PARK AUENUTE, PARK (Curre Name and <u>street address</u> of Florida registered age Name: Corear of Tion Se	& 607.1502, F.S., to determine penalty liability) <u>RIDCOR</u> , <u>VELS</u> <u>Strespy</u> <u>OT(65Co</u> (Principal office address) ent malling address, if different) ent: (P.O. Box <u>NOT</u> acceptable) EXILLE CARPANY	\sim
9 PARK AUENUTE, PARK (Curre Name and <u>street address</u> of Florida registered age Name: Corear of Tion Se	& 607.1502, F.S., to determine penalty liability) <u>RIDCOR</u> , <u>VELS</u> <u>Strespy</u> <u>OT(65Co</u> (Principal office address) ent malling address, if different) ent: (P.O. Box <u>NOT</u> acceptable) EXILLE CARPANY	-2 AMII:
9 PARK AUELUTE, PARK (Curre Name and <u>street address</u> of Florida registered age	& 607.1502, F.S., to determine penalty liability) <u>RIDCOR</u> , <u>VELS</u> <u>Strespy</u> <u>OT(65Co</u> (Principal office address) ent malling address, if different) ent: (P.O. Box <u>NOT</u> acceptable) EXILLE CARPANY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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.

Assistant VP lones, (Registered agent/Asignature)-

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.

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

• .

٠

, . .

A. DIRE	CTORS		
Chairman:	PERRY PETRILLO		
Address: _	9 PARK SUENUR		
	PARK RIDGER, NEW JERSEY 07656		
Vice Chair	man:	<u></u>	
Address: _			
– Director:			
-			
- Director:		17 8	
		63 -	
		2	
B. OFFI	CERS	11 8	
President:	PERRy PETRILLO	28	
Address: _	9 PANK AVENUE PARK RIDGER, NEW JURINY 07656		
_	PARK RIDGER, NEW STREET 07656		
	dent:		
Address: _			
_			
Secretary:			
Address: _			
Treasurer:			
Address: _			
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or direc	tors.	
12			
The office	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts st	ated he	rein
	nd that he or she is aware that false information submitted in a document to the Department of Stat gree felony as provided for in s.817.155, F.S.	e const	itutes
13	PERRY PETRILLO		
	(Typed or printed name and capacity of person signing application)		

T.

i.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

PERRY M. PETRILLO ARCHITECTS, PC 0100942296

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on March 16, 2005.

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 office are:

PERRY PETRILLO 5 PARK AVENUE PARK RIDGE, NJ 07656



IN TESTIMONY WHEREOF, 1 have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of December, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number : 6076202113 Verify this certificate online at

 $https://www1.state.nj.us/TYTR_StandingCert/JSP/Vertfy_Cert.jsp$