F17000004007

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sith State Light Hone ")
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500303402075

09/19/17--01019--001 **70.00

ZETT SEP 19 PH 1: 12

J. HARRIE

COVER LETTER

_	stration Se sion of Co	ection rporations				
SUBJECT:	Hirshorn	-Zuckerman Desigr	Group, Inc.			
oomeer.		Name	of corporation	- n	must include suffix	
Dear Sir or M	ladam:					
"Certificate of	of Existen		e of Good Sta	and	ing" and check are sub	et Business in Florida," mitted to register the
Please return Jerome A. Zue		pondence conceri	ning this matt	er t	o the following:	
			Name o	fΡe	erson	
Hirshorn-Zucl	kerman De	sign Group, Inc.				
10101 Molect	ılar Drive,	Suite 300	Firm/Co	mp	any	
			Add	res	S	
Rockville, Ma	ryland 208	50				
			City/State	anc	l Zip code	
jerryz@hzdg.c	om					100
		b-mail addres	ss: (to be used	l to	r future annual report n	otification)
For further in	ıformatior	concerning this i	natter, please	ca	II:	
Cindy Marvin		410	410 266-9909 at ()			
Nan	ne of Perso	on	Area Co	de	Daytime Teleph	none Number
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:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
■ \$70.00 Fi		☐ \$78.75 Filis Certificate	ng Fee &		\$78.75 Filing Fee & Certified Copy	S87.50 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.

	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp,")	D," "CO	MPANY," "CORPORATION	1."			
(If name unavail Maryland 2.	able in Florida, enter alternate corporate nam	-	ed for the purpose of transactin	g business in Florida)			
(State or count) 04/10/1990	y under the law of which it is incorporated)	s	(FEI number, if applicable)				
4(Date	e of incorporation)	5	(Date of duration, if other	than perpetual)			
7	(Date first transacted business (SEE SECTIONS 607.1501 & 607 Drive, Suite 300, Rockville, Maryland 2085 (Prin	/.1502, F. 50		ty)			
	(Current mai et address of Florida registered agent: (F NRAI Services, Inc.	_	ress. if different) x NOT acceptable)	SEP 19			
Name: Office Address:	1200 South Pine Island Road			3 70			
	Plantation		33324 , Florida	72			
	(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.

ANN J. WILLIAMS
Assistant Vice President
(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.

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

A. DIRE	CTORS			
Chairman:	There is no board of directors, as one is not required by Maryland law.			
Address:				
- Vice Chair	man:			
- Director:				<u> </u>
Address.				
				
Address: _				
B. OFFI	CERS			
	Karen H. Zuckerman			
President:	10101 Molecular Drive, Suite 300, Rockville, MD 20850		2017	<u> </u>
Address: [S	
-	N/A	<u></u>	<u> </u>	
Vice Presi	dent:	<u>ूर्</u> क	<u> </u>	1
Address:		⁷	<u> </u>	
-		· ·		
Secretary:	Glenn Watts, III	, et	~	
Address:	10101 Molecular Drive, Suite 300, Rockville, MD 20850			
Treasurer:	N/A			
Address:				
	f necessary, you way attach an addendum to the application listing additional offi			
	r necessary, you may attach an addendum to the application fishing additional offi	cers and/or di	rectors	•
12. —	Signature of Director or Officer			
are true ai	er or director signing this document (and who is listed in number 11 above) affirmed that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.			
	H. Zuckerman, President			
	(Typed or printed name and capacity of person signing application))		

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND. DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HIRSHORN-ZUCKERMAN DESIGN GROUP, INC. (D02992923), INCORPORATED APRIL 10, 1990, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL

ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 23, 2017.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relav Service) (800) 735-2258 TT/Voice