

F18000001269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

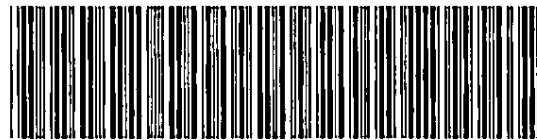
(Document Number)

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

Special Instructions to Filing Officer:

CUO W18-21261

Office Use Only



700309202797

03/02/18--01015--021 \*\*78.75

FILED

18 MAR 13 PM 1:50

SECRETARY OF STATE  
FBI 1114 S.W. 11th St. Tallahassee, FL 32304

K SALY

MAR 15 2018



# ARCHITECTS

430 Grant Street  
Akron, Ohio 44311  
330.867.1093  
tcarchitects.com

**To:** Florida Department of State Division  
of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Date:** March 1, 2018

**Attn:** Registration Section

**Sent Via:** UPS

## WE TRANSMIT:

<input checked="" type="checkbox"/>	<b>Herewith</b>	<input type="checkbox"/>	Under separate cover
<input type="checkbox"/>	In accordance with your request	<input checked="" type="checkbox"/>	<b>For your use</b>

## THE FOLLOWING:

COPIES	DESCRIPTION
1	Application by Foreign Corporation for Authorization to Transact Business in Florida
1	TC Architects Check No. 38932 in the amount of \$78.75

## COMMENTS:

**From:** Susan Allen, AIA, ASID, IIDA, LEED AP BD+C, EDAC  
Vice President, Partner

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T C Architects, 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:

Susan Allen

\_\_\_\_\_  
Name of Person

TC Architects

\_\_\_\_\_  
Firm/Company

430 Grant Street

\_\_\_\_\_  
Address

Akron, Ohio 44311

\_\_\_\_\_  
City/State and Zip code

sallen@tcarchitects.com

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

For further information concerning this matter, please call:

Susan Allen

\_\_\_\_\_  
Name of Person

at ( 330 ) 867-1093

\_\_\_\_\_  
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

**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. T C Architects, Inc.  
(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. Ohio 3. 34-1231894  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/1977 5. perpetual  
(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. 430 Grant Street, Akron, Ohio 44311  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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


Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*

  
\_\_\_\_\_  
Kathy Shin on behalf of InCorp Services, Inc.  
(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  
MAR 13 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
18 MAR 13 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Robert C. Chordar

Address: 430 Grant Street, Akron, Ohio 44311  
\_\_\_\_\_

Vice President: Susan Allen

Address: 430 Grant Street, Akron, Ohio 44311  
\_\_\_\_\_

Secretary: Susan Allen

Address: 430 Grant Street, Akron, Ohio 44311  
\_\_\_\_\_

Treasurer: Susan Allen

Address: 430 Grant Street, Akron, Ohio 44311  
\_\_\_\_\_

**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. Susan Allen, Vice President, Secretary, Treasurer

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

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

FILED  
18 MAR 13 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show T C ARCHITECTS, INC., an Ohio professional corporation, Charter No. 506406, having its principal location in Akron, County of Summit, was incorporated on October 28, 1977 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 12th day of March, A.D. 2018.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201807101050



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2018

SUSAN ALLEN  
TC ARCHITECTS, INC.  
430 GRANT ST.  
AKRON, OH 44311

SUBJECT: T C ARCHITECTS, INC.  
Ref. Number: W18000021261

2018 MAR 13 PM 1:26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for T C ARCHITECTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 018A00004427