

F180000094S72

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

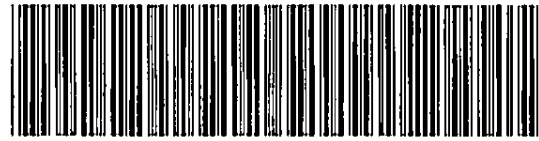
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100317637991

08/29/18--01018--003 **70.00

FILED

18 OCT - 3 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations
ACKAL ARCHITECTS APC

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:
WILLIAM ACKAL

ACKAL ARCHITECTS APC	Name of Person
105 CHAPEL DR	Firm/Company
LAFAYETTE LA 70506	Address
bill@ackalarchitects.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Bill Ackal	337	988-5271
_____	at (_____)	_____
Name of Person	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.

Ackal Architects, APC-A Professional Corporation

1. Ackal Architects, APC-A Professional 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) Louisiana 72-1444927

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

March 4, 1999

4. (Date of incorporation) 5. (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)

105 Chapel Dr. Lafayette LA 70506

7. (Principal office address)

(Current mailing address, if different)

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

Leo Giangrande

Name: 2081 SE Ocean Blvd. Suite 1A

Office Address: Stuart, Florida 34996

(City) (Zip code)

FILED 18 OCT -3 PM 2:11 SECRETARY OF STATE TALLAHASSEE FLORIDA

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.

[Handwritten signature]

(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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

William J Ackal

President: _____

105 Chapel Dr. Lafayette LA 70506

Address: _____

Vice President: _____

Address: _____

Angela L Ackal

Secretary: _____

105 Chapel Dr. Lafayette LA 70506

Address: _____

Treasurer: _____

Address: _____

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

12. William J Ackal _____

Signature of Director or Officer

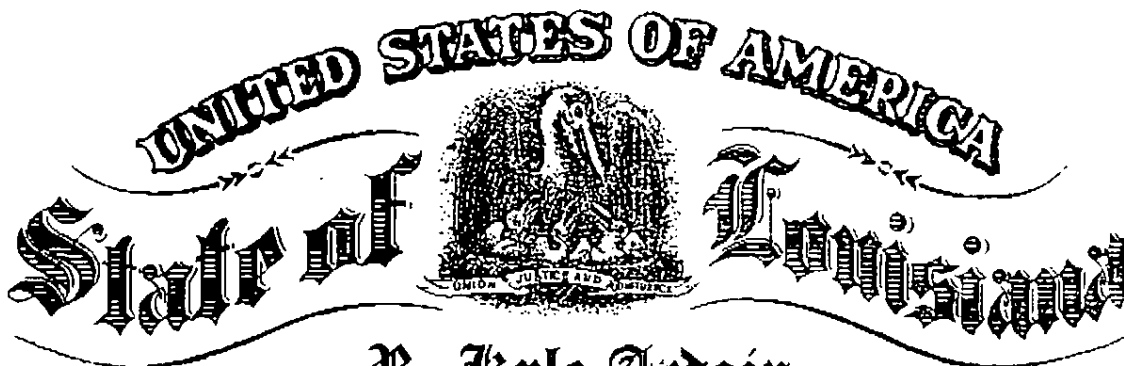
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

William J Ackal, President

13. _____

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

FILED
18 OCT -3 PM 2:11
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA



R. Kyle Ardoin
 SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Incorporation of

ACKAL ARCHITECTS, A PROFESSIONAL CORPORATION

Domiled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on March 04, 1999,

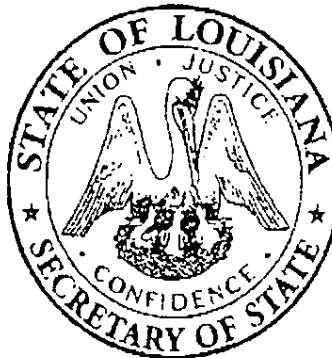
I further certify that no Certificate of Dissolution or Termination has been Issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 3, 2018

Secretary of State

Web 34751632D



Certificate ID: 11000818#DSL73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov