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COVER LETTER

_	tion Section of Corporations			
	TODD O'CONNELL ARCHITECT	, P.O	J.	
SUBJECT: _			must include suffix	
Dear Sir or Mad	am:			
"Certificate of E	pplication by Foreign Corporation s xistence," or "Certificate of Good S I foreign corporation to transact bus	standı	ng" and check are such	Business in Florida," nitted to register the
Please return all	correspondence concerning this ma	itter to	o the following:	
	ROSEANN LICARI			
	Name	of Pe	erson	
	ROSMAN AND COMPANY			•
	Firm/C	Compa	any	
	36 HARRIET PLACE			
	A	ddres		
		L563		
	City/Sta	te and	d Zip code	
	RLICARI@ROSMANANDC	A GMC	NY.COM	
	E-mail address: (to be us	ed fo	r future annual report n	otification)
For further info	mation concerning this matter, plea	ise ca	11:	
DOSFANN	LICARI at (516		561-2727	
	of Person Area		Daytime Teleph	none 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 Tallahassec, FL 32314	
Enclosed is a cl	neck for the following amount:			•
⊠ k \$70.00 Filin	g Fee S78.75 Filing Fec & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



November 28, 2018

ROSEANN LICARI ROSMAN AND COMPANY 36 HARRIET PLACE LYNBROOK, NY 11563

SUBJECT: TODD O'CONNELL ARCHITECT, P.C.

Ref. Number: W18000102987

We have received your document for TODD O'CONNELL ARCHITECT, P.C. and your check(s) totaling \$70.00. 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 acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 (805) 245-6000.

Brenda L Vorisek Director

Letter Number: 718A00024295

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.

(Enter name of cor	O'CONNELL ARCHITECT, Proration; must include "INCORF," "Inc," "Co," or "Corp.")	PORATED," "C	OMPANY," "CORPORATION,	31
	CONNELL ARCHITECT INC.			Lucinos in Florida)
NIPW	ole in Florida, enter alternate corp	oorate name adop	ted for the purpose of transacting 27-1926007	(business in Florida)
,	under the law of which it is incom		(FEI number, if app	olicable)
4. (Date of incorporation)		5	(Date of duration, if other t	han perpetual)
7	(Date first transacte (SEE SECTIONS 607.12 _5755 SW 9th (501 & 607.1502, CT. CAPE COI	rida, if prior to registration) F.S., to determine penalty liability F.L. 33914 ffice address)	y)
8. Name and stree	t address of Florida registered	Current mailing a	idress, if different)	18 DEC 19 AM 10: 08 SECRETARY OF STATE TALLAHASSEEL FLORIDA
Office Address:	5755 SW 9th CT		_	110: 08 31415 80:011
	CAPE CORAL (City)		, Florida 33194 (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.

(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.

. DIREC)KO	
hairman: _		_
ddress:	·	_
		_
Director:		
Address:		
в. OFFIC	RS .	
President: _	TODD O'CONNELL	
Address:	5755 SW 9th CT, CAPE CORAL FL 33914	
Address:		
_		
		-
Address: _	·	
Treasurer:		
Address: _		
NOTE: I	ecessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Signature of Director or Officer	_
	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated here	in
	that he or she is aware that false information submitted in a document to the Department of State constitu	

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TODD O'CONNELL ARCHITECT, P.C. was filed on 02/10/2010, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 03/13/2012.

A Biennial Statement was filed 06/04/2014.

A Biennial Statement was filed 06/03/2016.

A Riennial Statement was filed 02/01/2018.

I further certify that no other documents have been filed by such corporation.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of October two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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