

**F1900005588**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

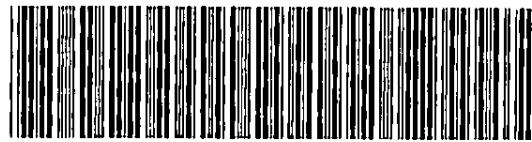
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

W19000096439  
12/18/19 *Received* 10/21/19  
Grant permission toack/  
04185 *Inc to*  
00611 *Tiffany Test the*  
*Holder name*  
*US*



**300335501683**

10/22/19--01021--008    \$478.75

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*OCT 21 2019*

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✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2019

TIFFANY HOLMES  
4646 POPLAR AVE.  
SUITE:517  
MEMPHIS, TN 38117

SUBJECT: SHAPIRO & COMPANY ARCHITECTS, PC  
Ref. Number: W19000096439

We have received your document for SHAPIRO & COMPANY ARCHITECTS, PC and your check(s) totaling \$78.75. 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 registered agent must sign accepting the designation.

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.

Yvette Scott  
Document Specialist II

Letter Number: 519A00022554

RECEIVED  
DEC 12 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Shapiro & Company Architects, PC

**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:  
Tiffany Holmes

Name of Person  
Shapiro & Co Architects, PC

Firm/Company  
4646 Poplar Ave, Suite 517

Address  
Memphis, TN 38117

City/State and Zip code  
callen@shapiroandco.com

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

11/11/2019  
REGISTRATION  
18 DEC 2019  
RECEIVED  
FLORIDA  
STATE  
REGISTRATION  
DEPARTMENT  
TALLAHASSEE  
FL 32399-0001

For further information concerning this matter, please call:

Tiffany Holmes 901 685-9001  
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.*

SHAPIRO & COMPANY ARCHITECTS, PC, Inc.

1. \_\_\_\_\_  
(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)

Tennessee

62-1781234

2. \_\_\_\_\_  
(State or country under the law of which it is incorporated) 3. \_\_\_\_\_  
06-01-1999 (FEI number, if applicable)

2013 DEC

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual) 8  
8 PM 2:19

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

4646 Poplar Ave, Suite 517, Memphis, TN 38117

LOXAHATCHEE  
FLORIDA

7. \_\_\_\_\_  
(Principal office address)

(Current mailing address, if different)

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

InCorp Services, Inc.

Name:

17888 67th Court North

Office Address:

Loxahatchee

33470

, Florida

(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.*



Vincent Rojo 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.

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

**A. DIRECTORS**

Brad Shapiro ✓

Chairman: \_\_\_\_\_  
4646 Poplar Ave, Suite 571

Address: \_\_\_\_\_  
Memphis, TN 38117

Carla Allen ✓

Vice Chairman: \_\_\_\_\_  
4646 Poplar Ave, Suite 517

Address: \_\_\_\_\_  
Memphis, TN 38117

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

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

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

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

2019 DEC 18 PH 2:19  
SACRAMENTO STATE  
TITLE: MARY RE STATE  
FLORIDA

**B. OFFICERS**

Brad Shapiro ✓

President: \_\_\_\_\_  
4646 Poplar Ave, Suite 517

Address: \_\_\_\_\_  
Memphis, TN 38117

Carla Allen ✓

Vice President: \_\_\_\_\_  
4646 Poplar Ave, Suite 517

Address: \_\_\_\_\_  
Memphis, TN 38117

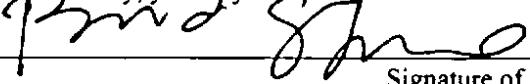
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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.

Brad Shapiro

13. \_\_\_\_\_

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



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**BRAD SHAPIRO**  
4646 POPLAR AVE, STE 517  
MEMPHIS, TN 38117

October 18, 2019

**Request Type: Certificate of Existence/Authorization**  
Request #: 0334924

Issuance Date: 10/18/2019  
Copies Requested: 1

**Document Receipt**

Receipt #: 005068176	Filing Fee:	\$20.00
Payment-Credit Card - State Payment Center - CC #: 3767758948		\$20.00

Regarding: **Shapiro & Company Architects, P.C.**  
Filing Type: For-profit Corporation - Domestic  
Formation/Qualification Date: 05/24/1999  
Status: Active  
Duration Term: Perpetual  
Business County: SHELBY COUNTY

Control #: 3713321  
Date Formed: 05/24/1999  
Formation Locale: TENNESSEE  
Inactive Date: 05/24/1999

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Shapiro & Company Architects, P.C.**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 035804430