

F21000001ZZZ

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

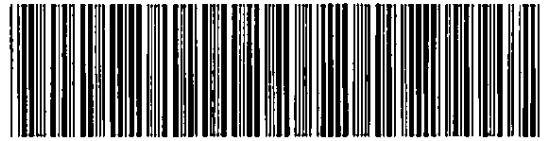
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 21 2021

2021 Jun 21 11:23



April 24, 2021

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document number F21000001222

Dear Sir or Madame:

We are an architectural firm incorporated in Massachusetts. Our legal name is EGA, P.C. When I completed the application for authority to do business in Florida, I should have put EGA, P.C. on line 1. This issue came to light when I tried to apply for an architectural license for the firm with the Florida Department of Business and Professional Regulation. I have included a copy of their letter for your reference.

Please see the attached amendment application to fix this so our legal name is EGA, P.C. and we do business in Florida under the fictitious name of EGA Architect, Inc. (to comply with suffix guidelines).

Please do not hesitate to contact me at 978-270-9543 or kflaherty@ega.net with any questions or concerns.

Thank you,

A handwritten signature in black ink, appearing to read 'Katie Flaherty', with a stylized flourish at the end.

Katie Flaherty
Office Manager

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EGA Architects, Inc.

Name of Corporation

DOCUMENT NUMBER: F21000001222

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Flaherty

Name of Contact Person

EGA, P.C.

Firm/Company

1 Vernon Street

Address

Newburyport, MA 01950

City/State and Zip Code

kflaherty@ega.net

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

For further information concerning this matter, please call:

Katie Flaherty

978

270-9543

at ()

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I
(1-3 MUST BE COMPLETED)**

F21000001222

(Document number of corporation (if known))

1. EGA Architects, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Massachusetts 3. 3/4/2021
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 8/21/1998
5. EGA, P.C.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
EGA Architect, Inc.
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

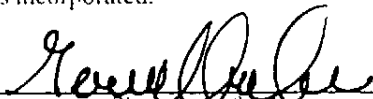
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Gerald Menke

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: March 01, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,
EGA, P.C.

is a domestic corporation organized on **August 21, 1998** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21030000790

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: ili

March 31, 2021

EGA PC
1 VERNON STREET
NEWBURYPORT, MA 01950

RE: Board of Architecture & Interior Design
Application Number: 35746, Profession 0202

Dear Sir or Madam:

We have received your application for licensure as a Architect Business Information. We are eager to help you begin your new profession in Florida but we are unable to complete the processing of your application for the following reasons:

1. The organization name "EGA, P.C." must be registered with the Florida Division of Corporations at www.sunbiz.org. Please notify us once this company is registered.
2. Your company DBA name "EGA ARCHITECTS, INC." must be registered as a fictitious name with the Florida Department of State, Division of Corporations. You may visit their website, www.sunbiz.org, for more information.
3. In order to use the term "architects" in the business name you must have more than one licensed architect. Please revise Section IV to identify the additional licensed architect(s).

Please do not reply to this email. To submit the requested documentation use one of the following options:

Option one for online applicants:

If you submitted your application using our online services you can submit the requested information through your online account. Please log onto your account at <http://www.myfloridalicense.com>, once logged in take the following steps:

1. Select "Application Status Inquiry" from the **Functions** menu on the left hand side of the main account screen
2. Locate the application you are submitting information for and select "Attach" on under **Attachments**
3. Use the "Browse" button to locate the file you need to upload from your computer
 - a. Once you have selected the file select **Attach**
 - i. You can attach multiple files if needed
 - b. Once all files have been attached select **Save**

An email will be sent to you confirming that the attachments have been uploaded to your application.

Option two for all applicants:

If you submitted your application by mail or you are unable to submit the required documentation electronically you may either fax a copy of this letter along with your documents to 850.488.8040 or mail a copy of this letter and your documents to:

DBPR-Central Intake
2601 Blair Stone Road
Tallahassee, FL 32399-0783

The department has examined your application and determined that your application is incomplete at this time. If you do not provide the information or documents requested in this letter, your application will remain in an incomplete status until it expires. You must provide a response to this notification for the department to take any further action on your application. If you would like to check the status of your application or have any questions, please visit our website at www.myfloridalicense.com. You may also contact the Department at www.myfloridalicense.com/contactus or by calling 850.487.1395.

Thank you in advance for your cooperation.

MR

The information contained in this message is confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. If you choose to contact this office by email or provide information in an interactive form on our site, such information, unless otherwise exempted by Florida law, is a public record and must be made available for public inspection upon request. Thank you.