

W21000006477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

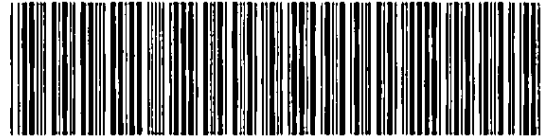
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV -5 PM 7:19

S. FRANKLIN
NOV 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Howard A Dobelle Architect P C 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:

Howard A Dobelle

Name of Person

Howard A Dobelle Architect P C

Firm/Company

9890 Mantova Dr

Address

Lake Worth, FL 33467

City/State and Zip code

howarddobelle@gmail.com

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

For further information concerning this matter, please call:

Howard A Dobelle at (845) 5487436
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. Howard A Dobbelle Architect PC 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. New York 3. 134191667
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/15/2002 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. July 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9890 Mantova Dr Lake Worth FL 33467
(Principal office street address)

(Current mailing address, if different)

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

Name: Anne Dobbelle

Office Address: 9890 Mantova Dr

Lake Worth Florida 33467
(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.

Anne Dobbelle Anne Dobbelle

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2021 NOV -5 PM 7:49

A. DIRECTORS

Chairman Name: Howard A Dobbelle
 Vice Chairman Address: 9890 Mantova Dr. Lake Worth FL
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

33467

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

2021 NOV - 5 PM 7:19

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Howard A Dobbelle
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. Howard A Dobbelle President/Owner
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: HOWARD A. DOBELLE ARCHITECT P.C.
DOS ID Number: 2678047
Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/06/2001
Statement Status: CURRENT
Statement Due Date: 09/30/2023

2021 NOV -5 PM 7:19

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 09/06/2001
Entity Name: HOWARD A. DOBELLE ARCHITECT P.C.

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/29/2003
Effective Date: 09/01/2003

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/02/2005
Effective Date: 09/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/10/2007
Effective Date: 09/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/27/2009
Effective Date: 09/01/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/09/2011
Effective Date: 09/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/07/2013
Effective Date: 09/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/21/2021

2021 NOV -5 PM 7:49

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on October 21, 2021 at
03:00 P.M.

ROSSANA ROSADO, Secretary of State

2021 NOV 5 PM 7:49



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2021

HOWARD A DOBELLE
9890 MANTOVA DR
LAKE WORTH, FL 33437 US

SUBJECT: HOWARD A DOBELLE ARCHITECT PC
Ref. Number: W21000141856

We have received your document for HOWARD A DOBELLE ARCHITECT PC 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 feid# is "1" digit too long. The feid# is 9 numeric digits and issued by the IRS(Internal Revenue Service).

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 721A00026218

RECEIVED

NOV 05 2021