# F2200000 1115

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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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Certified Copies	Certificates o	f Status
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Account#: I20000000088

Date: 02/23/2022			
Name:			
Reference #:_	4.000.470		
Entity Name:_	JASON T. ANDERS	SON ARCHITECT, P.C., CORP.	_
✓ Articles	of Incorporation/Authoriza	tion to Transact Business	
Amend	ment		
☐ Change	e of Agent		
Reinsta	atement	7	26
☐ Conver	rsion	SECRE	2022 FEB
☐ Merger		HASS	
Dissolu	ition/Withdrawal	mo mo	23 AH
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Other_	<u>_</u>	IA .	
Authorized An	noun: \$70.00		

F: +852.2682.9790

### **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT:	Jason T. Ander	son Architect					
	of corporation - mus	t include suffix					
Dear Sir or Madam:							
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	te of Good Standing"						
Please return all correspondence concern	ning this matter to the	e following:					
	Jason T. Anders	on					
	Name of Person	ı					
Jason T. Anderson Architect, P.C.							
	Firm/Company						
	25 Wallkill Avenu	ue					
	Address						
N	Montgomery, NY 1:	2549					
	City/State and Zip	code					
JT	TA@ADGarchitect	t.com					
E-mail addres	ss: (to be used for futt	ure annual report notification)					
For further information concerning this	matter, please call:						
Jason T. Anderson	at (845)	294-2724					
Name of Person	Area Code	Daytime Telephone Number					
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Tallahassee, FL 32301							

 $\square$  \$78.75 Filing Fee &  $\square$  \$87.50 Filing Fee.

Enclosed is a check for the following amount:

**%**I \$70.00 Filing Fee ☐ \$78.75 Filing Fee &

## 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.		Jason T. Anderson Archit	ect, P.C.,	Corp.		
		poration; must include "INCORPORATED," "Crp," "Inc," "Co," or "Corp.")	OMPANY,"	"CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	inc., Co., Coi	р, не. со. от согр. у				
	(If name unavailab	le in Florida, enter alternate corporate name adop	ted for the pu	irpose of transact	ting business in Florida)	
2.		New York 3.				
	(State or country	under the law of which it is incorporated)		(FEI number, if	applicable)	
4.		04/20/2015 5.			er than perpetual)	
	(Date o	of incorporation)	(Date o	of duration, if oth	er than perpetual)	
6.						
		(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,			oility)	
7.		25 Wallkill Avenue, Montgo	mery, NY	12549		
		(Principal of	ffice address)	)		
		(Current mailing ad	dress, if diffe	erent)	182 F	<b>//</b>
o	No	address of Florida assistand assets (D.O.D.	ay NOT aa	aantahla)	FEB 23 CRETARY	
0.	Name and <u>street</u>	address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> aci	сергаоте)	23 ART 1881	F
	Name:	COGENCY GLOBAL INC.	_		EEF F	
O	ffice Address:	115 North Calhoun Street, Suite 4	_		8: 36 STATE STATE	
		Tallahassee	_ , Florida _	32301	DA S	
		(City)		(Zip code)		
9.	Registered ager	nt's acceptance:				
H	aving been name	d as registered agent and to accept service o				
		application, I hereby accept the appointment of the provisions of all statutes relat				
		miliar with and accept the obligations of my				
		/s/ Eric Hood, Assistant	t Secretar	у		
		(Registered agen	t's signature)		<del></del>	

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: Address: **B. OFFICERS** Jason T. Anderson President: 25 Wallkill Avenue Address: \_\_\_\_ Montgomery, NY 12549 Vice President: Address: Secretary: Address: \_\_\_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Jason T. Anderson, President 13. \_\_\_\_\_ (Typed or printed name and capacity of person signing application)

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I. ROBERT J. RODRIGUEZ, Acting 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: JASON T. ANDERSON ARCHITECT, P.C.

DOS ID Number: 4744708

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 04/20/2015

Statement Status: CURRENT Statement Due Date: 04/30/2023

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 February 23, 2022 at 12:10 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Higher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001127326 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>