

7/27/22, 3:42 PM

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Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

Please keep original file
date of 7/27/2022.

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
PF&A Design, P.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2022 AUG 10 AM 11:39

2024 JUL 27 PM 2:02

S. FRANKLIN
AUG 11 2022

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. PF&A DESIGN, P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PF&A DESIGN, P.C. CORP.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VIRGINIA 3. 54-1461745
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/02/1988 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 101 W. MAIN STREET, SUITE 7000, NORFOLK, VA 23510
(Principal office street address)
- _____ (Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(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.

C T Corporation System 
By: _____
(Registered agent's signature)

Peter Trawinski
Assistant Secretary

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]:

A. DIRECTORS

☐ Chairman Name: SHARON L. SZALAI

☐ Vice Chairman Address: 101 W. MAIN ST, SUITE 7000

☐ Director NORFOLK, VA 23510

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: SARA HEPPE

☐ Vice Chairman Address: 101 W. MAIN ST, SUITE 7000

☐ Director NORFOLK, VA 23510

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other _____ ☐ Other _____

☐ Chairman Name: JOSEPH H. TROST

☐ Vice Chairman Address: 101 W. MAIN ST., SUITE 7000

☐ Director NORFOLK, VA 23510

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: DAVID PERONNET

☐ Vice Chairman Address: 101 W. MAIN ST, SUITE 7000

☐ Director NORFOLK, VA 23510

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other _____ ☐ Other _____

☐ Chairman Name: KIMBERLY BERNHEIMER

☐ Vice Chairman Address: 101 W. MAIN ST., SUITE 7000

☐ Director NORFOLK, VA 23510

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

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.

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 3.817.155, F.S.

13.

JOSEPH H. TROST, VICE PRESIDENT

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That PF&A DESIGN, P.C. is duly incorporated under the law of the Commonwealth of Virginia;

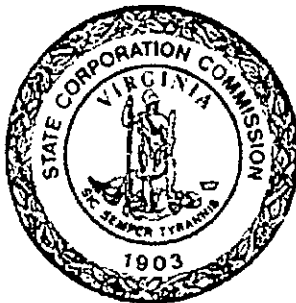
That the corporation was incorporated on June 2, 1988;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

2024 JUL 27 PM 2:02



Signed and Sealed at Richmond on this Date:

July 25, 2022

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission