F2300000203

(F	Requestor's Name)
(/	Address)
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(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(6	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	





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S. FRANKLIN

JAN 1 2 2023

COVER LETTER

TO:	Registration Section Division of Corporations				
SHRIE	Baseline Architecture, F	rofessional Corporati	on		
SODJE.	Division of Corporations SUBJECT: Baseline Architecture, Professional Corporation 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: Christopher J Thornton Name of Person Thornton Law Firm, PLLC Firm/Company 100 Aviation Dr S Suite 106 Address Naples FL 34104 City/State and Zip code cthornton@swtlalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
Dear Si	r or Madam:				
"Certifi	cate of Existence," or "Certit	icate of Good Stanc	ling" and check are submi		
Please r	eturn all correspondence con	cerning this matter	to the following:		
Christop	oher J Thornton				
	·····	Name of F	Person		
Thornto	n Law Firm, PLLC			-	
		Firm/Com	pany	~	
100 Avi	ation Dr S Suite 106				
		Addre	SS		
Naples I	4. 34104				
		City/State an	d Zip code	•	
cthornto	-	1		10	
	E-maii ad	aress: (to be used to	or future annual report not	incation)	
For furt	her information concerning t	his matter, please ca	ill:		
Christopher J Thornton 239			649-4900		
	Name of Person		Daytime Telepho:	ne Number	
	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit		Registration Sec Division of Corp P.O. Box 6327	tion porations	
Please m	iake check payable to: FLORII 00 Filing Fee	A DEPARTMENT		■ \$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.

Baseline Archit	ecture, P.C.			
	corporation, must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	eĎ.	"COMPANY," "CORPORATION,"	
Baseline Archit	ecture, Professional Corporation			
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in F	orida)
2. 87		3.	83-3620286	
(State or count)	ry under the law of which it is incorporated;)	(FEI number, if applicable)	
4. February 6, 201	y.	5	Perpetual	
	of meorporation)	•••	(Date of duration, if other than perpetual)	
None 6.				
	(SEE SECTIONS 607.1501 & 60°		Florida, if prior to registration) 02. F.S., to determine penalty liability)	 ·
7 6701 JF Kennedy	Blvd Suite 100 North Bergen NJ 07047			
	(Principal	otti	ce <u>street</u> address)	
6701 JF Kenned	y Blyd Suite 100 North Bergen NJ 07047			ر ترا
	(Current ma	úlin	g address, it different	
8 Name and His	a address of Florida registered agent: (P.Ō	. Box <u>NOT</u> acceptable)	مسد
Name.	Thornton Law Firm, PLLC			t2 - F
Office Address	100 Aviation Dr S Suite 106			, !
	Naples		, Florida 34104	`
	(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.

(Registered agent's signature)

40 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 or which it is incorporated.

A. DIRECTORS Alan J Horwitz Chairman Name:		□ Chairman	Mario Name:	Echevarria	
□Chairman	6701 JF Kennedy Blvd Suite 100	□ Vice Chairman			
□Vice Chairman	North Bergen NJ 07047		Address: North Bergen NJ 07047		
□Director	Noth Deigen vo (704)	☐Director			
President		□President			
□Vice President		■ Vice President			
□ Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	Other	□Other		□Other	<u>-</u>
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			<u>. </u>
□President		□President			~
□Vice President		□Vice President			<u> </u>
□ Secretary	☐ Treasurer	□Secretary		□Treasurer	
□Other		□Other		□Other	(N)
					CD.
□Chairman	Name:	□Chairman	Name:		
□Vice Chairmar	1 Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	Treasurer	☐ Secretary		☐ Treasurer	
□Other		□Other	 	□Other	
L Jone Marion	Use an attachment to report more than six (6). The be added to the index when filing your Florida Depar	tment of State Annual S	серон топи.		on-indexed
12	Signature of Direct	or n)flicer			

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

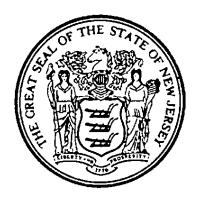
BASELINE ARCHITECTURE P.C. 0101050974

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on February 06, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARTIN SKOLNICK, ESQUIRE 103 EISEHHOWER PARKWAY, SUITE 305 ROSELAND, NJ 07068



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of November, 2022

Elizabeth Maher Muoio State Treasurer

der A Mun

Certificate Number: 6137651658

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp