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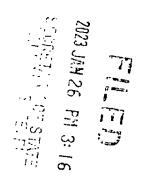
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

_	ition Section of Corporations					
SUBJECT: F	loward L. Zimmermar	n, Architects & Er	gineer	s, D.P.C. Inc.		
_	Na	me of corporatio	n - mus	t include suffix		
Dear Sir or Mad	am:					
"Certificate of E	application by Foreign existence," or "Certifi d foreign corporation	cate of Good Sta	nding"	and check are subn		
Please return all	correspondence conc	erning this matte	r to the	following:		
Ximena Ospina					. 20	
		Name of	`Persoi)	:- :	
Licensesure LL	С				<u> </u>	υ
		Firm/Cor	npany			ų
801 2nd Avenue	e, 15th Floor					ۇغۇر رىسى،
		Addı	ress	· · · · ·	15 ch	القعيد ا
New York, NY 1	0017				LE IS	,
		City/State	and Zip	code		
xospina@licens						
	E-mail ado	dress: (to be used	for futi	are annual report no	otification)	
For further infor	mation concerning th	is matter, please	call:			
Ximena Ospina		212 at (30	0-1411		
Name (of Person	Area Coo	le	Daytime Teleph	one 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				
	-	A DEPARTMEN	□ \$78.	TATE 75 Filing Fee & ified Copy	S87.50 Filing Certificate of Certified Co	of Status &

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.

	Corp," "Inc," "Co," or "Corp.") lable in Florida, enter alternate corporate name	adopted for the purpose of transa	acting business	in Florid	la)
2. NEW YORK	3	133995861			
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4. 3/3/1998	5.	Perpetual			
	e of incorporation)	(Date of duration, if other than perpetual)			
6				<u></u>	
711 W 30th ST,	(SEE SECTIONS 607.1501 & 607.1 3rd Floor, New York, NY 10001		ability)	사(r c202	
	(Principal off	ice <u>street</u> address)		95 1	
		ng address, if different)	MS M	: : :	ان سید سید
8. Name and stro	cet address of Florida registered agent: (P.	J. Box NOT acceptable)	iπ	Q)	
Name:	Patricia Harris				
Office Address: 1400 Village Square Blvd #3-85007					
	Tallahassee	, Florida			
	(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)

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.

A. DIRECTORS	•		
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address: 11 W 30th St, New York, NY	□Vice Chairman	Address:
Director	10001	Director	
■ President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	
□Director		Director	2023
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	Treasurer.
□Other	Other	□Other	
□Chairman	Name:	□Chairman	Name:
	Address:		Address:
Director		Director	
□President		□President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	☐Secretary	☐ Treasurer
□Other	Other	□Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Department	ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
The officer or dire she is aware that fis.817.155, F.S.	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depar	er 11 above) affirms t	hat the facts stated herein are true and that he or

13. Howard L. Zimmerman

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ. 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 L. ZIMMERMAN, ARCHITECTS & ENGINEERS, D.P.C.

DOS 1D Number: 2234152

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/03/1998
Statement Status: CURRENT

Statement Due Date: 03/31/2024

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 January 23, 2023 at 03:38 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002848746 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov