

F230000005083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

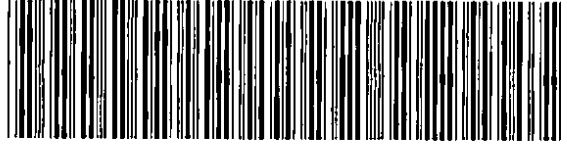
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED FILED  
2023 SEP - 1 PM 7: 2023 SEP - 1 PM 6: 43  
TALLAHASSEE, FL  
TALLAHASSEE, FL  
SECRETARY OF STATE

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/1/2023

**\*\*WALK IN\*\***

ENTITY NAME UHY ADVISORS MID-ATLANTIC, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
\_\_\_\_\_  
XXXXXXXX  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

*S R J*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UHY Advisors Mid-Atlantic, 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:

Lisa R. King  
Name of Person  
UHY Advisors, Inc.  
Firm/Company  
6 Executive Drive, Suite 111  
Address  
Farmington, CT 06032  
City/State and Zip code  
LKing@uhy-us.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R King at (203) 508-1020  
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. UHY Advisors Mid-Atlantic, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 26-0794367
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/14/2007 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8601 Robert Fulton Dr., Suite 210, Columbia, MD 21046
(Principal office street address)
(Current mailing address, if different)

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

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Rd
Plantation, Florida 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.

(Registered agent's signature) [Handwritten 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]:

FILED
2023 SEP - 1 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FL

**A. DIRECTORS**

Chairman Name: Harold L. Mohn, Jr.  
 Vice Chairman Address: 8601 Robert Fulton Dr, Ste 210  
 Director Columbia, MD 21046-2561  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Chris A. Hall  
 Vice Chairman Address: 955 Mt Hermon Rd  
 Director Salisbury, MD 21804  
 President \_\_\_\_\_  
 Vice President: \_\_\_\_\_  
 Secretary  Treasurer \_\_\_\_\_  
 Other 2nd Vice Presiden  Other \_\_\_\_\_

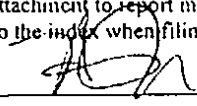
Chairman Name: Michael M. Antovski  
 Vice Chairman Address: 27725 Stansbury Blvd  
 Director Suite 385  
 President Farmington Hills, MI 48334  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Steven P. McCarty  
 Vice Chairman Address: 12900 Hall Rd. Suite 510  
 Director Sterling Heights, MI 48313  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Vincent J. Flanagan  
 Vice Chairman Address: 1185 Avenue of the Americas  
 Director 38th Fl  
 President New York, NY 10036  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Thomas Bomberski  
 Vice Chairman Address: 27725 Stansbury Blvd  
 Director Suite 385  
 President Farmington Hills, MI 48334  
 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 s.817.155, F.S.

13. Harold L. Mohn, Jr. President  
 (Typed or printed name and capacity of person signing application)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UHY ADVISORS MID-ATLANTIC, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UHY ADVISORS MID-ATLANTIC, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

4407878 8300

SR# 20233403039

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204083560

Date: 09-01-23