# F23000005521

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(Business Entity Name)
(Document Number)
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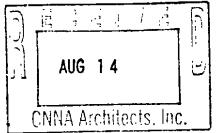


August 3, 2023

RICHARD H NELSON 119 LUCKIE STREET, SUITE 100 ATLANTA, GA 30303 US

SUBJECT: CNNA, INC. DBA CNNA ARCHITECTS, INC.

Ref. Number: W23000105815



We have received your document for CNNA, INC. DBA CNNA ARCHITECTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

Letter Number: 823A00017506

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## **COVER LETTER**

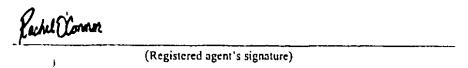
-	gistration Section			
CHDIECT	CNNA, INC.	lba CNNA ARCHITECTS, I	NC.	
SOBJECT	· <del></del>	Name of corporatio	n - must include suffix	
Dear Sir or	Madam:			
"Certificate	of Existence," of	by Foreign Corporation for r "Certificate of Good Sta rporation to transact busin	· Authorization to Transact nding" and check are submess in Florida.	Business in Florida," itted to register the
Please retur	n all correspond	ence concerning this matte	er to the following:	
Richard H N	lelson			
	·····	Name of	Person	
CNNA ARC	CHITECTS, INC.			
	<del></del>	Firm/Cor	npany	
119 Luckie	Street, Suite 100			
		Add	ress	<u> </u>
Atlanta, GA	30303			
	<del>-</del>	City/State	and Zip code	
rhn@enna.co				
<del></del>	E	-mail address: (to be used	for future annual report no	tification)
For further	information con	cerning this matter, please	call:	
Richard H N	Jelson	at (	522-0077	
Na	me of Person	Area Co	de Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is Please make \$70.00 f	check payable to:	following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	T OF STATE  ☐ \$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 RUSINESS IN THE STATE OF FLORIDA

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	,,	<del></del>
(If name unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Flo	orida)
GEORGIA	3 5	8-2080648		
(State or count	ry under the law of which it is incorporated)	(FEI number, if appl	licable)	
	3.	ERPETUAL		
(Dat	e of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	forida, it prior to registration)  2. F.S., to determine penalty liability	•)	
	(SEE SECTIONS 607.1501 & 607.1502 1 Suite 100 Atlanta, GA 30303  (Principal office	?, F.S., to determine penalty liability	·)	
	(SEE SECTIONS 607.1501 & 607.1502 1 Suite 100 Atlanta, GA 30303 (Principal office 21 Suite 100 Atlanta, GA 30303	?, F.S., to determine penalty liability	·)	<del></del>
119 Luckie Stre	(SEE SECTIONS 607.1501 & 607.1502 1 Suite 100 Atlanta, GA 30303 (Principal office 21 Suite 100 Atlanta, GA 30303	2, F.S., to determine penalty liability street address) address, if different)	·)	2023 SEP -
119 Luckie Stree  Name and stree  Name:	(SEE SECTIONS 607.1501 & 607.1502  1 Suite 100 Atlanta, GA 30303  (Principal office et Suite 100 Atlanta, GA 30303  (Current mailing et address of Florida registered agent: (P.O. 1	2, F.S., to determine penalty liability street address) address, if different)	) - -	2023 SEP - 1 PI
119 Luckie Stree	(SEE SECTIONS 607.1501 & 607.1502  1 Suite 100 Atlanta, GA 30303  (Principal office et Suite 100 Atlanta, GA 30303  (Current mailing det address of Florida registered agent: (P.O. CT Corporation System	2, F.S., to determine penalty liability street address) address, if different)	) - - - :	2023 SEP - 1 PH 4:

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.



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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

#### A. DIRECTORS Richard H Nelson Name: □Chairman □ Chairman 119 Luckie Street □ Vice Chairman Address: □Vice Chairman Address: Suite 100 □ Director □ Director Atlanta, GA 30303 President □President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_ Christopher S Nardone □ Chairman Name: \_\_\_\_\_ □ Chairman 119 Luckie Street ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_ Suite 100 □ Director Director Atlanta, GA 30303 President □President ■ Vice President □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: ☐ Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: □ Vice Chairman Address: □ Director ☐ Director □President □ President □Vice President \_\_ □Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer ☐Other \_\_\_\_\_

Important Notice: Use an elachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be a separate the index when filing your Florida Department of State Annual Report form.

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.

Richard H Nelson

Control Number: K501208

## STATE OF GEORGIA

### Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

l, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## CNNA, INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25663485 Date Inc/Auth/Filed: 12/23/1994 Jurisdiction : Georgia Print Date : 07/24/2023

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State