

F230000006007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

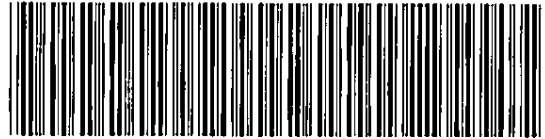
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APPROVED
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2023 OCT 19 PM 6:08
CLERK OF COURT
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT 19 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2023

K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 10/19/23
Order #: 1293135-1
Re: CPG ARCHITECTS & PLANNERS, INC.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$78.75 - FL State Account Number:

I20000000195

auth

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the word 'auth'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Issue Good Standing Certificate

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPG Architects & Planners, 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:

Christine Monet

Name of Person

CPG Architects & Planners, Inc.

Firm/Company

One Dock Street

Address

Stamford, CT 06902

City/State and Zip code

christine_monet@cpgarch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Monet

at (475) 333-3272

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. CPG Architects & Planners, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- CPG Architects
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Connecticut 3. 06-1168444
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/02/1996 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. One Dock Street, Stamford, CT 06902
(Principal office street address)
- same as above
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(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.


Assistant Vice President
(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.

APPROVED
AND
FILED
2028 OCT 19 PM 6:08

A. DIRECTORS

☐ Chairman Name: Karen Lika
☐ Vice Chairman Address: 1534 Redding Road
☐ Director Fairfield, CT 06824
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Susan Wall
☐ Vice Chairman Address: 29 Pilgrim Road,
☐ Director Londonderry NH 03053
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: K. Jenny Paik
☐ Vice Chairman Address: 7 Coachlamp Lane
☐ Director Greenwich, CT 06830
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. Susan Wall
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. Susan Wall- Secretary & Treasurer
(Typed or printed name and capacity of person signing application)

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Thursday, October 19, 2023 11:40 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name CPG ARCHITECTS AND PLANNERS, INC.

Business ALEI --US-CT.BER:0539233

Formation Date 07/02/1996



Secretary of the State