F2300006853

(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:

700419167127

12/11/23--01004--012 **537.50



Office Use Only

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

• ·

DATE: 12/11/2023

.-`

STONEHILL AND TAYLOR ARCHITECTS, INC. NAME:

TYPE OF FILING: APPLICATION

COST: \$87.50 + \$450 = \$537.50 Cheel attached

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

000015

COVER LETTER

TO:	Registration Section Division of Corporations	the track	DC
e11D 1	FCT: Stopphill	and Taylor Hrchikers	<u>///</u>
3001	ECH	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:

Tacy for Archeler FS. Firm/Company F-1000 Address 10001 City/State and Zip code Por All-Payla Coll -mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carangella at 212 326-5898 Area Code Daytime Telephone Number ennder

Name of Person

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 □ \$78.75 Filing Fee & 🗇 \$78.75 Filing Fee & □ \$70.00 Filing Fee Certified Copy Certificate of Status

\$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. Jun ancin	11 and Taylor Architects, InC.	ORATION "	
(Enter name of co	rporation: must include "INCORPORATED." "COMPANY," "CORPO rp," "Inc." "Co." or "Corp.")		
"Inc.," "Co.," "Co	rp, the, co, o, co, r		
Sto	rehill and Taylor Architects.	<u>Co.</u>	
(If name unavailal	ble in Florida, enter alternate corporate name adopted for the purpose of	transacting business in Florida)	
2 New 4	lick 3. 02-0677.	390	
(State or country	under the law of which it is incorporated) (FEI nur	mber, if applicable)	
4. 01/	23/2063 s		
(Date	of incorporation)	r than perpetual)	
6Q	nil 8, 2020		
1	(Date first transacted business in Florida, il pro- (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pen	alty liability)	
	(SEE SECTIONS 607.1501 & 607.1502, 1.3., to determine pair		
~			
1.31 W.	27" Street, Flown 5, NYC		
<u>1.31 W.</u>			
<u>1.31.W.</u>	27" Street, Flown 5, NYC		
<u>. 31 W.</u>	27" Street, Flown 5, NYC	NY 10001	
<u>1.31.W.</u>	(Principal office street address)		ر میروند. مرابع
	(Principal office <u>street</u> address) (Current mailing address, if different)	<u>NY 10001</u> 2023 DE	
	(Principal office <u>street</u> address) (Current mailing address, if different) (Current mailing address, if different)	<u>NY 10001</u> 2023 DE	
	(Principal office <u>street</u> address) (Current mailing address, if different)	<u>NY 10001</u> 2023 DE	Interes Interes
8. Name and <u>stree</u> Name:	(Principal office <u>street</u> address) (Current mailing address, if different) (Current mailing address, if different)	<u>NY 10001</u> 2023 DE	
8. Name and stree	(Principal office <u>street</u> address) (Current mailing address, if different) (Current mailing address, if different)	<u>NY 10001</u> 2023 DE	Interes Interes
8. Name and <u>stree</u> Name:	(Current mailing address, if different) (Current mailing address, if different)	NY 10001	

9. Registered agent's acceptance:

L •

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.

Indy Moua, Assistant Secretary (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.

¹¹ For initial indexing purposes, list names, titles and adoresses of the primary officers and/or directors (up to six (6) total);

A. DIRECTORS	• • •	·		
DChainnan	Name: Paul D. Taylor	🗇 Chairman	Name:	
□Vice Chaimian	31 W 27th Street, FL 5 NY NY 10001 Address:	⊡Vice Chainnau	Address:	
Director		Director		
President		[] President		
⊡Vice President		E-Vice President		
Secretary	Treasurer	Secretary		[]Treasure:
01her	Other	🖸 Other	<u> </u>	Other
[] Chainnan	Name:	DChairman	Name:	
GVice Chairman	Address:	⊡Vice Chairman	Address:	
Director		Director		
⊡President		President	<u></u>	
DVice President		🖾 Vice President		
Secretary	Treasurer	Secretary		□Treasure:
	Other	DOther		D0her
EChaiman	Name:	□Chairman	Name:	
⊡Vice Chairman	Address:	🗍 Vice Chairman	Address:	<u></u>
Director		Director	<u></u>	<u> </u>
President		DPresident		<u> </u>
⊡Vice President		OVice President		
Secretary	Treasurer	DSecretary		Treasurer
[]Other	C Other	Other		COther

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 Aling 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.

5.617.122.049				
	Foul	5	-101	11.0
13	1 6661	\mathcal{V} .	JULL	$HOVK_{-}$
· ›				

(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:	STONEHILL & TAYLOR ARCHITECTS, P.C.
DOS ID Number:	2860165
Entity Type:	DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/23/2003
Statement Status:	CURRENT
Statement Due Date:	01/31/2025

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 December 11, 2023 at 12:34 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100004810065 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>