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то:	_	tration Section ion of Corpor							
SUBJI	ECT:	SAN FANAI	NDRE • JUSTII	N ARCHITI	ECT PC	LARINATION			
			Name	of corpora	tion - m	ust include suffix			
Dear Si	ir or M	adam:							
"Certif	icate of	f Existence,"		of Good S	Standing	" and check are sub	et Business in Florida," mitted to register the		
Please	return a	all correspon	dence concern	ing this ma	itter to t	he following:			
JEANN	IE SAN	FANANDRE							
				Name	of Pers	on			
SAN F	ANANI	ORE * JUSTIN	N ARCHITECT	PC					
			··	Firm/C	Compan	y			
305 HA	MPTO	N HILLS CO	JRT						
				A	ddress				
DEBA	RY, FL	32713							
			-	City/Sta	te and Z	ip code	····		
jsf@sfj	archited								
			E-mail address	: (to be us	ed for f	iture annual report n	otification)		
For fur	ther inf	formation cor	ncerning this m	natter, plea	se call:				
JEANNE SAN FANANDRE at ()	286.2162			
	Name	e of Person			Code	Daytime Telepl	none 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				
	nake ch	eck payable to	following amo FLORIDA D \$78.75 Filin Certificate o	EPARTME ig Fee &	□ \$7	STATE 8.75 Filing Fee & entified 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.

SAN FANANDRE JUSTIN ARCHITECT CORPORATION									
	orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	D," "(COMPANY," "CORPORATION,"						
(If name unavaila	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacting	business in F	Florida)				
NEW YORK		3. 13.3777066							
(State or country under the law of which it is incorporate									
29JUNE 1994		5.							
	of incorporation)	·	(Date of duration, if other than perpetual)						
N/A									
305 HAMPTON	HILLS COURT DEBARY, FL 32713 (Principal	office s	street address)						
	(Current ma	ailing a	ddress, if different)						
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (JEANNE SAN FANANDRE	P.O. B	ox <u>NOT</u> acceptable)		2023 DEC 2				
Office Address:	305 HAMPTON HILLS COURT			-	27 PH				
	DEBARY		, Florida		ئن 				
	(City)		(Zip code)		: 02				

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 JEANNE SAN FANANDRE □ Chairman □ Chairman 305 HAMPTON HILLS COURT □ Vice Chairman Address: ☐ Vice Chairman Address: DEBARY, FL 32713 □Director ☐ Director President □ President ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer Other____ Other____ □Other _____ □Other _____ □Chairman Name: □ Chairman Name: □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director □President □ President □Vice President ☐ Vice President □Treasurer ☐ Secretary □ Secretary ☐ Treasurer □Other ______ □Other ____ □Other □Other _____ Name: _____ ☐ Chairman Name: ☐ Chairman □ Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director □President **President** □ Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer ☐ Other ______ Other _____ ☐ 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. 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.

Jeanne San Fanandre, President

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: SAN FANANDRE*JUSTIN ARCHITECT, P.C.

DOS ID Number: 1832892

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 06/29/1994

Statement Status: PAST DUE DATE

Statement Due Date: 06/30/2008

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 19, 2023 at 11:02 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

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