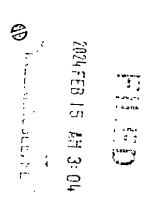
F24000000878

(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:					





900423912289







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

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 02/15/24 Order #: 1420136-1

Re: Ryan Soames Engineering, D.P.C.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$87.50 - FL State Account Number:

120000000195

Certificate of Goed Standing from State of Incorporation

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

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

	stration Section sion of Corporations			
SUBJECT:	Ryan Soames Engineering, D.P.C.			
301,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of corpor	ration - must include suffix		
Dear Sir or M	fadam:			
"Certificate o	"Application by Foreign Corporation of Existence," or "Certificate of Good aced foreign corporation to transact b	Standing" and check are submitted		
Please return	all correspondence concerning this n	natter to the following:		
Paul Soames				
	Nan	ne of Person		
Ryan Soames	Engineering, D.P.C.			
	Firm	/Company		
5161Collins A	venue - Suite 1102			
		Address	- -	
Miami Beach.	FL 33140			
	City/St	ate and Zip code		
psoames@rya				
	E-mail address: (to be t	ised for future annual report notif	ication)	
For further in	formation concerning this matter, ple	rase call:		
Paul Soames	1 Soames 347 656-4540			
Nam		Code Daytime Telephon	e Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	
	check for the following amount: neck payable to: FLORIDA DEPARTM ing Fee		\$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.

Ryan Soames E		
	orporation: must include "INCOF orp." "Inc." "Co." or "Corp.")	RPORATED," "COMPANY," "CORPORATION,"
Ryan Soames E	ngineering, D.P.C. Corp	
(If name unavail	able in Florida, enter alternate cor	rporate name adopted for the purpose of transacting business in Florida)
New York		3. S2-2766838 (FEI number, if applicable)
(State or count	y under the law of which it is inco	orporated) (FEI number, if applicable)
9/8/2017		5
(Date of incorporation)		5. (Date of duration, if other than perpetual)
	(Date first transact (SEE SECTIONS 607.1	ted business in Florida, if prior to registration) 1501 & 607.1502, F.S., to determine penalty liability)
49 West 45th, 3rd	Floor, New York, NY 10036	
· 		(6)
	((Principal office <u>street</u> address)
	((Principal office <u>street</u> address)
, 		(Principal office street address) Current mailing address, if different)
Name and street	(C	
_	(C	Current mailing address, if different) I agent: (P.O. Box NOT acceptable)
Name:	et address of Florida registered Corporation Service Company	Current mailing address, if different) I agent: (P.O. Box NOT acceptable)
Name:	et address of Florida registered Corporation Service Company 1201 Hays Street	Current mailing address, if different) I agent: (P.O. Box NOT acceptable)
Name:	et address of Florida registered Corporation Service Company 1201 Hays Street Tallahassee	Current mailing address, if different) I agent: (P.O. Box NOT acceptable)
_	et address of Florida registered Corporation Service Company 1201 Hays Street	Current mailing address, if different) I agent: (P.O. Box NOT acceptable)
Name: Office Address:	et address of Florida registered Corporation Service Company 1201 Hays Street Tallahassee	Current mailing address, if different) I agent: (P.O. Box NOT acceptable) State of the second seco
Name: Office Address: Registered aglaving been nam	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to	Current mailing address, if different) I agent: (P.O. Box NOT acceptable) Solution Florida 32301
Name: office Address: Registered aglaving been nanesignated in this	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to application, I hereby accept to	Current mailing address, if different) I agent: (P.O. Box NOT acceptable) Separate
Name: office Address: Registered ag laving been nan esignated in this orther agree to c	et address of Florida registered Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to a application, I hereby accept to omply with the provisions of a	Current mailing address, if different) I agent: (P.O. Box NOT acceptable) Solution Florida 32301
Name: Office Address: Registered ag I aving been namesignated in this orther agree to cond I am familian	ct address of Florida registered Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to application, I hereby accept to omply with the provisions of a with and accept the obligation.	Current mailing address, if different) If agent: (P.O. Box NOT acceptable) Solution is acceptable in the proper and agree to act in this capacall statutes relative to the proper and complete performance of my ons of my position as registered agent.
Name: Office Address: Registered aglaving been namesignated in this wither agree to conditional am familian	et address of Florida registered Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to a application, I hereby accept to omply with the provisions of a	Current mailing address, if different) If agent: (P.O. Box NOT acceptable) Solution is acceptable in the proper and agree to act in this capacall statutes relative to the proper and complete performance of my ons 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.

A. DIRECTORS					
≣ Ċhairman	Name: Paul Soumes	□Chairman	Name: Bryan Cotton		
□Vice Chairman	Address: 49 West 45th Street, 3rd Floor	□Vice Chairman	Address: 49 West 45th Street, 3rd Floor New York, NY 10036		
□Director	New York, NY 10036	□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	Treasurer	□Secretary	□Treasurer		
Other	□Other	Other Principal	Other		
□Chairman	40 West 45th Ctreat 2rd Floor	□Chairman	Name: William Shoard 49 West 45th Street, 3rd Floor		
□Vice Chairman	Address:	□Vice Chairman	49 West 45th Street, 3rd Floor Address:		
□Director	Total Total	□Director			
President		□President			
□ Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer		
Other	Other	Other Associate	Princip:		
□Chairman	Name:	□Chairman	Name: Jose Campos		
□Vice Chairman	Address: 49 West 45th Street, 3rd Floor	□Vice Chairman	Address: 5161 Collins Avenue, 1102		
□Director	New York, NY 10036	□Director	Miami Beach, FL 33140		
□President		□President	<u></u>		
□ Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
■Other Associate	Other	■Other Associate	□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.

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: RYAN SOAMES ENGINEERING D.P.C.

DOS ID Number: 5198905

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/08/2017

Statement Status: CURRENT Statement Due Date: 09/30/2025

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 February 14, 2024 at 04:40 P.M.

Brandon C Heyles

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100005198566 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov