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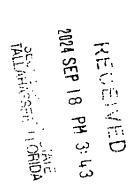
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SEP 1.8 $\overline{\omega}$

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 9/18/24					**WALK IN**
ENTITY NAME_Azar	Design Co, Archite	ecture, Lands	cape Architecture	e, Engineering	and Surveying, P.
OOCUMENT NUMBE	R				
	PLEASE FIL	LE THE ATTA	CHED AND RETUR	W	
	Plain Copy				
χ_{XXXX}	Certified Copy				
	Certificate of Stat	tas			
	PLEASE OBTAIN 1	THE FOLLOWIN	NG FOR THE ABOVE	E ENTITY	
· · · · · · · · · · · · · · · · · · ·	Certified Copy of				
	Certified Copy of	Arts & Amenda	neuts Complete File (In	nclading Annual Rep	orts)
	Certificate of Stat				
<u> </u>	. Certificate of Stat	itus Reflecting:			
	APOSTILLE	E' / NOTARI	AL CERTIFICATIO	DN	
COUNTRY OF DESTINA	ATION				_
NUMBER OF CERTIFIC	ATES REQUESTED_				
TOTAL OWED \$ 78 Please call Tina at	′.75		ACCOUNT # 12016 United Corporate Services, Inc.	40000108 Keil	thepparl
Please call Tina at	the above number p	for any issue	es or concerns.	Thank you so	mach!

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.

<u> </u>	ble in Florida, enter alternate corporate name	adament for the number of transacting l	ausiness in Florida)	
(ii naine unavaiia New York	nie in riorida, enter atternate corporate name		manicas in Florida)	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
August 14, 19	985			
(Date of incorporation)		(Date of duration, if other than perpetual)		
295 Main Stre		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
		fice street address)		
	(Current mail	ing address, if different)	.5 1.707.	
Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	CO	
Name:	United Corporate Services, Inc.			
fice Address:	3458 Lakeshore Drive		<i>5</i> 7	
	Tallahassee	, Florida32312		
	(City)	(Zip code)		
wing been nam signated in this other agree to c		(Zip code) vice of process for the above stated of tment as registered agent and agree relative to the proper and complete	to act in this capacit performance of my a	
	Michael A. Bara Presider (Registered agent's	nt.		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	Gregory R. Carballada	Eq. (Name:	
□Chairman	Name:		Address: 218 Shetland Drive	
☐Vice Chairman	Address: 42 Brandywine Drive	□Vice Chairman	Williamsville, NY 14221	
□Director	Williamsville, NY 14221	□Director	Williamsvine, 141 14221	
President		□President		
□Vice President		□Vice President		
□Secretary	☐Treasurer	Secretary	Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name: Roy P. Garfinkel Address: 10 St. Louis Place, Apt. 3	□ Chairman	Deanne L. Pericak Name:	
☐Vice Chairman	Address:Buffalo, NY 14202		Eden, NY 14057	
□Director	Bullato, NT 14202	□Director	Conference	
□President		□President		
□ Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	Treasurer	
Souther Sr Vice President		Other Sr Vice I	President Other	
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	☐Treasurer	Secretary	□Treasurer	
[]Other	Other	□Other	Other	
Important Notice individuals may	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department.	achment will be imag	ged for reporting purposes only. Non-indexed Report form.	
12:	Signature of Director	or Officer		
The officer or dir she is aware that s.817.155, F.S.	rector signing this document (and who is listed in numb false information submitted in a document to the Depa	er 11 above) affirms riment of State consti	that the facts stated herein are true and that he of tutes a third degree felony as provided for in	

STATE OF NEW YORK

DEPARTMENT OF STATE

Cen ifficate of Status

I, WALTER T. MOSLEY, Sceretary 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:

AZAR DESIGN CO. ARCHITECTURE, LANDSCAPE ARCHITECTURE, ENGINE

Entity Name: ERING AND SURVEYING, P.C.

DOS 1D Number: 1018295

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 08/14/1985

Statement Status: CURRENT

Statement Due Date: 08/31/2025

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 September 12, 2024 at 02:37 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hughan

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006572658 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov