

F99000003243

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: LECLERE ASSOCIATES ARCHITECTS, P.C.
(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", 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:

000002910160--7
-06/21/99-01061-002
*****70.00 *****70.00

JUDITH LIECLERE

(Name of Person)

LIECLERE ASSOCIATES ARCHITECTS, P.C.

(Firm/Company)

ONE EAST 57th STREET

(Address)

NEW YORK, NY 10022-2517

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

LISA TRAVAGLIA

(Name of Person)

at (718) 229-5400 EXT 18

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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

99-3243

Name	6-23
Availability	
Document	
Update	
Under	
Argument	

99 JUN 21 15:00
FILED
SECRETARY
TALLAHASSEE, FLORIDA

**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. LECLERIE ASSOCIATES ARCHITECTS, P.C.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW YORK 3. 22-3358340
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/11/95 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 4/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. ONE EAST 57th STREET
NEW YORK, NY 10022-2517
(Current mailing address)

8. BEGAN PAYROLL IN FLORIDA
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: RUTH GRUEBEL

Office Address: 29817 69th WAY NORTH

CLEARWATER, Florida, 33761
(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 21 PM 5:00

FILED

10. 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.

X Ruth Gruebel
(Registered agent's signature)

RUTH GRUEBEL

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: MICHAEL LECLERE

Address: 161 WEST 61ST STREET APT 6E
NEW YORK, NY 10023

Vice President: JUDITH LECLERE

Address: 161 WEST 61ST STREET APT 6E
NEW YORK, NY 10023

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
99 JUN 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

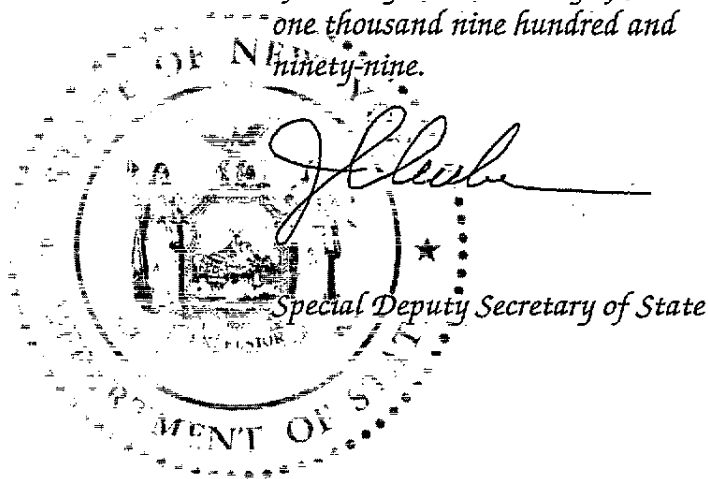
13. X Judith Leclere
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JUDITH LECLERE VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York } **ss:**
Department of State

I hereby certify, that the certificate of incorporation of *LECLERE ASSOCIATES ARCHITECTS, P.C.* was filed on 05/11/1995, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of June
one thousand nine hundred and
ninety-nine.*



199906090430 39