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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9680

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
ACB ARCHITECT, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2018 NOV -7 PM 1:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACB ARCHITECT, PLLC, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Allstate Corporate Services Corp.
Name of Person

2215 HENDRICKSON STREET, SUITE 1
Firm/Company

Brooklyn, NY 11234
City/State and Zip Code

filing@acs123.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Naomi Ostpowitz
Name of Contact Person

at (800)
Area Code

906-9220
Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
NOV - 7 P 7 07
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ACB ARCHITECT, PLLC, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0191835

(FEI number, if applicable)

4. UPON REGISTRATION

(Date firm transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2787 E. OAKLAND BLVD., 213, FORT LAUDERDALE, FL 33306

(Street Address of Principal Office)

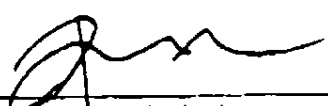
6. 2787 E. OAKLAND BLVD., 213, FORT LAUDERDALE, FL 33306

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ANTHONY C. BAKER, AMBR: 2787 E. OAKLAND BLVD., 213, FORT LAUDERDALE, FL 33306

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.)

ANTHONY C. BAKER, MEMBER

Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ACB ARCHITECT, PLLC, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

ANTHONY C. BAKER

(Name)

2787 E. OAKLAND BLVD., 213

Florida Street Address (P.O. Box NOT ACCEPTABLE)

FORT LAUDERDALE

FL

33306

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


ANTHONY C. BAKER, MEMBER

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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2018 NOV -7 P 7:07
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that ACB ARCHITECT, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/04/2009, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 07/08/2011.

A Biennial Statement was filed 06/25/2013.

A Biennial Statement was filed 08/28/2018.

I further certify, that no other documents have been filed by such Professional Service Limited Liability Company.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of November
two thousand and eighteen.

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

RECEIVED
DEPARTMENT OF STATE
ALBANY, N.Y.

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