



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2020

PHILIP ADIKIMENAKIS
141-07 20TH AVENUE
STE:101
WHITESTONE, NY 11357

SUBJECT: METHOD ARCHITECTS LLC
Ref. Number: W20000002804

We have received your document for METHOD ARCHITECTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,193.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 620A00000930

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METHOD ARCHITECTS 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:

PHILIP ADIKIMENAKIS, CPA

Name of Person

MILLER & COMPANY, LLP

Firm/Company

141-07 20TH AVENUE, STE 101

Address

WHITESTONE, NEW YORK 11357

City/State and Zip Code

MC7@MILLERCOMPANYLLP.COM

E-mail address: (to be used for future annual report notification)

2020 JAN 23 PM 3:17
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

PHILIP ADIKIMENAKIS, CPA

718

767-0737

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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

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

1. METHOD ARCHITECTS 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 JERSEY 3. 36-4816772
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/12/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 252 WEST 38TH STREET 6. 252 WEST 38TH STREET
(Street Address of Principal Office) (Mailing Address)
SUITE 1102
NEW YORK, NY 10018

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
Office Address: 7901 4TH ST N, STE 300
ST. PETERSBURG, Florida 33702
(City) (Zip code)

Registered agent's acceptance:

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 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 Bel Hume

(Registered agent's signature)

FILED
2020 JAN 23 PM 3:17
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: JOHAN REYES

☒ Member Address: 45-08 40TH STREET

☐ Authorized A44

Person SUNNYSIDE, NY 11104

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: CARLOS MACIAS

☒ Member Address: 45-08 40TH STREET

☐ Authorized B51

Person SUNNYSIDE, NY 11104

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Signature of an authorized person

Johan Reyes

Typed or printed name of signer

FILED
2020 JAN 23 PM 3:17
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

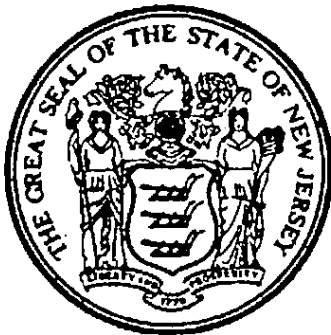
METHOD ARCHITECTS LLC
0450010553

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 13, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

INCORPORATING SERVICES LTD
14 SCENIC DRIVE
DAYTON, NJ 08810



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
10th day of December, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6103108151

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

RECEIVED
TALLAHASSEE, FLORIDA
JAN 23 2020

2020 JAN 23 PM 3:17

FILED