

N 21000005649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

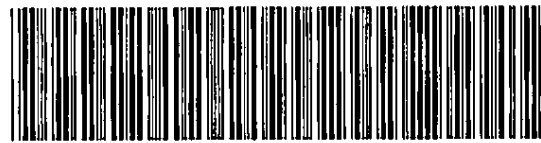
(Business Entity Name)

(Document Number)

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DS
S/S
5/11/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marvel Architects, Landscape Architects, Urban Designers, 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:

Marisa Irizarry
Name of Person
Marvel Architects, Landscape Architects, Urban Designers, PLLC
Firm/Company
145 Hudson Street, 3rd Floor
Address
New York, NY 10013
City/State and Zip Code
mirizarry@marveldesigns.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Marisa Irizarry at (347) 965-4321
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. Marvel Architects, Landscape Architects, Urban Designers, 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. 46-3206439
(FEE number, if applicable)

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

5. 145 Hudson Street, 3rd Floor
(Street Address of Principal Office)
New York, NY 10013

6. 145 Hudson Street, 3rd Floor
(Mailing Address)
New York, NY 10013

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

NRAI Services, Inc.
Rachel O'Connor - Assistant Secretary
(Rachel O'Connor signature)
(Registered agent's signature)

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: Jonathan Marvel

Member Address: 145 Hudson St.

Authorized New York, NY 10013

Person _____

Other _____ Other _____

Manager Name: Lissa So

Member Address: 145 Hudson St.

Authorized New York, NY 10013

Person _____

Other _____ Other _____

Manager Name: Yadiel Rivera

Member Address: 145 Hudson St.

Authorized New York, NY 10013

Person _____

Other _____ Other _____

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

Manager Name: Guido Hartray

Member Address: 145 Hudson St.

Authorized New York, NY 10013

Person _____

Other _____ Other _____

Manager Name: Tyler S. Vestro

Member Address: 145 Hudson St.

Authorized New York, NY 10013

Person _____

Other _____ Other _____

Manager Name: Timothy Rowan

Member Address: 145 Hudson St.

Authorized New York, NY 10013

Person _____

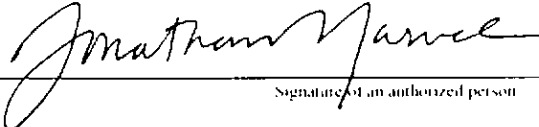
Other _____ Other _____

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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
 Jonathan Marvel

 Typed or printed name of signer

State of New York } ss:
Department of State

I hereby certify, that JONATHAN MARVEL ARCHITECTURE PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/11/2013, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment JONATHAN MARVEL ARCHITECTURE PLLC, changing its name to MARVEL ARCHITECTS PLLC, was filed 07/29/2013.

A Certificate of Amendment MARVEL ARCHITECTS PLLC, changing its name to MARVEL ARCHITECTS, LANDSCAPE ARCHITECTS, URBAN DESIGNERS, PLLC, was filed 11/17/2020.

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of April two thousand and twenty-one.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State