

M210000 14555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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S. HAWKES  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

FC3 ARCHITECTURE + DESIGN, LLC

**SUBJECT:** \_\_\_\_\_  
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:

FRANK CUNHA III

\_\_\_\_\_  
Name of Person

FC3 ARCHITECTURE + DESIGN, LLC

\_\_\_\_\_  
Firm/Company

9 KRISTEN COURT

\_\_\_\_\_  
Address

HARDYSTON, NJ 07419

\_\_\_\_\_  
City/State and Zip Code

FCUNHA@FC3ARCH.COM

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

For further information concerning this matter, please call:

FRANK CUNHA III

201

681-3551

\_\_\_\_\_  
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:

FC3 ARCHITECTURE + DESIGN, LLC

1. \_\_\_\_\_  
(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.")  
NEW JERSEY 204 349 256

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

N/A

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  
FC3 ARCHITECTURE+DESIGN, LLC FC3 ARCHITECTURE+DESIGN, LLC

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

9 KRISTEN COURT

9 KRISTEN COURT

HARDYSTON, NJ 07419

HARDYSTON, NJ 07419

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

MARIEN RIOS

Name:

15042 SW 69TH ST

Office Address:

MIAMI

33193

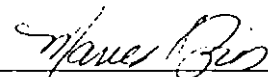
(City)

, Florida

(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 

MARIEN RIOS

(Registered agent's signature)

10/15/2021

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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: FRANK CUNHA III  
 9 KRISTEN COURT  
☐ Member Address: HARDYSTON, NJ 07419  
☐ Authorized  
 Person  
☐ Other ☐ Other

☐ Manager Name: CYNTHIA CUNHA  
 9 KRISTEN COURT  
☐ Member Address: HARDYSTON, NJ 07419  
☐ Authorized  
 Person  
☐ Other ☐ Other

☐ Manager Name: MARIEN RIOS  
 15042 SW 69TH ST  
☐ Member Address: MIAMI, FL 33193  
☐ Authorized  
 Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**  
☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
 Person  
☐ Other ☐ Other

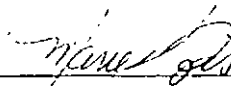
☐ Manager Name:  
☐ Member Address:  
☐ Authorized  
 Person  
☐ Other ☐ Other

☐ 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.

x   
 Signature of an authorized person

MARIEN RIOS

10/15/2021

Typed or printed name of signee

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

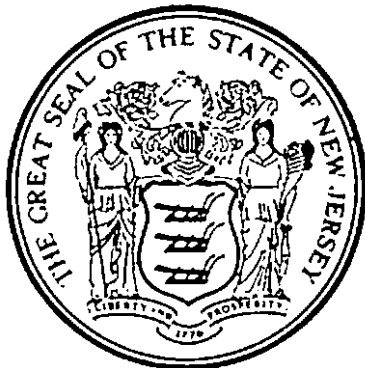
**FC3 ARCHITECTURE+DESIGN, LLC  
0600254921**

*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 December 09, 2005.*

*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:*

*FRANK CUNHA III  
9 KRISTEN COURT  
HAMBURG, NJ 07419-9630*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
14th day of October, 2021*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6124168042*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*