M23000010573

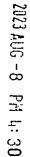
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
W23000103150					

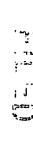
Office Use Only



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07/25/23--01025--025 **125.00









July 26, 2023

DEV SRINIVAS 505 NORTHERN BLVD, SUITE 200 GREAT NECK, NY 11021 US

SUBJECT: ABLE PROFESSIONAL ENGINEERING PLLC

Ref. Number: W23000101919

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

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

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.

Andrea Andrews Regulatory Specialist II

Letter Number: 123A00016742

RECEIVED

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	ABLE PROFESSIONAL ENGINEERIN	G PLLC						
0000		Name of Limited Liability Company						
The enc Existence	closed "Application by Foreign Limited Liability cc, and check are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floridate.						
Please r	return all correspondence concerning this matter	r to the following:						
	DEV SRINIVAS							
		Name of Person						
	ABLE PROFESSIONAL ENGINEE	RING PLLC						
		Firm/Company						
	505 NORTHERN BLVD, SUITE 20	o						
		Address						
GREAT NECK, NY, 11021								
	City/State and Zip Code							
DEVSRIN.R@GMAIL.COM E-mail address: (to be used for future annual report notification)								
								For furtl
DEV SRINIVAS		516 445-2175 at ()						
	Name of Contact Person	Area Code Daytime Telephone Number						
Mailing Address: Registration Section		Street Address: Registration Section						
	Division of Corporations	Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	ce & 🗆 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate						

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida. The	alternate name must include "Limited Liabil	ity Company," "	L L.C." or	TLLC."
NEW YORK STATE		3	93-1392011			
(Jurisdiction under the law of w	which foreign limited liability company is organized)	J.	(FEI number,	if applicable)		-
N/A						
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	to registration	liability)	_		
505 NORTHERN BL	VD. SUITE 200	,	505 NORTHERN BLVD, SUI	TE 200		
reet Address of Principal Office)	. , ,	6.	(Mailing Address)	· <u>·</u> •		_
GREAT NECK, NY, 11021			GREAT NECK, NY, 11021			
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)		2	
	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	ecceptable)	- ř	2023 AUG	
Name and street address Name: Office Address:		x <u>NOT</u> a	cceptable)		8	For the second s
Name:	NICK PRIVES 2918 10th Ave. N St. Petersburg	x <u>NOT</u> a	33713 , Florida		-8 PM 4:3	
Name:	NICK PRIVES 2918 10th Ave. N	x <u>NOT</u> a	33713		-8 PM կ։	

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:	Title or Capacity:	Name and Address:
■Manager	Name:	□Manager	Name:
□Member	Address: 505 NORTHERN BLVD	□Member	Address:
□Authorized	SUITE 200	□Authorized	
Person	GREAT NECK, NY, 11021	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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

DEV SRINIVAS

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ABLE PROFESSIONAL ENGINEERING PLLC

DOS ID Number: 6827940

Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 05/08/2023

Statement Status: CURRENT Statement Due Date: 05/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 08, 2023 at 09:01 A.M.

Brandon C. Heylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003880609 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov