

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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 PROFIT/NONPROFIT CORPORATION
MACGREGOR ASSOCIATES ARCHITECTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

RECEIVED
11 MAR 24 PM 5:07
DIVISION OF CORPORATIONS

FILED
11 MAR 24 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Macgregor Associates Architects, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip code

lcloy@maamail.com

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Macgregor Associates Architects, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. 10/01/1987

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2839 Paces Ferry Road, N.W., Suite 500, Atlanta, GA 30339

(Principal office address)

same

(Current mailing address)

8. Architectural services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

C T Corporation System

By: Ternell Kearney

Ternell Kearney Asst. Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 24 AM 10:47

FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JAMES BRUCE MACGREGOR

Address: 2839 Paces Ferry Road, N.W., Suite 500

Atlanta, GA 30339

Vice President: RICHARD P. LEONARD

Address: 2839 Paces Ferry Road, N.W., Suite 500

Atlanta, GA 30339

Secretary: LEE F. BADER

Address: 2839 Paces Ferry Road, N.W., Suite 500, Atlanta, GA 30339

Treasurer: FEDERICO CHIAPPINA

Address: 2839 Paces Ferry Road, N.W., Suite 500, Atlanta, GA 30339

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. James Bruce Macgregor President

(Typed or printed name and capacity of person signing application)

FILED
MAR 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: JAMES BRUCE MACGREGOR
 Officer/Director: Officer, Director
 Officer's Title: President
 Director's Title: Director
 Business Address: 2839 Paces Ferry Road, N.W., Suite 500
 City: Atlanta
 State: GA
 ZIP Code: 30339
- 2 Full Name: RICHARD P. LEONARD
 Officer/Director: Officer, Director
 Officer's Title: Vice President
 Director's Title: Director
 Business Address: 2839 Paces Ferry Road, N.W., Suite 500
 City: Atlanta
 State: GA
 ZIP Code: 30339
- 3 Full Name: LEE F. BADER
 Officer/Director: Officer, Director
 Officer's Title: Secretary
 Director's Title: Director
 Business Address: 2839 Paces Ferry Road, N.W., Suite 500
 City: Atlanta
 State: GA
 ZIP Code: 30339
- 4 Full Name: FEDERICO CHIAPPINA
 Officer/Director: Officer, Director
 Officer's Title: Treasurer
 Director's Title: Director
 Business Address: 2839 Paces Ferry Road, N.W., Suite 500
 City: Atlanta
 State: GA
 ZIP Code: 30339

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

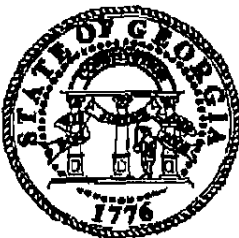
MACGREGOR ASSOCIATES ARCHITECTS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 10/01/1987 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 23rd day of March, 2011

B. P. Kemp

Brian P. Kemp
Secretary of State

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MAR 24 AM 10:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE