# F9500000006040

TO: Qualification/Tax Lien Section **Division of Corporations** AARON LOMERY & ASSOCIATES, INC. SUBJECT: \_\_\_ (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", 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: 100001653281 -12/05/95--01064--016 \*\*\*\*\*70.00 \*\*\*\*\*70.00 Aaron Lovery (Name of Person) W95-23807 Aaron Lowery & Associates, Inc. (Firm/Company) 28475 Greenfield, Suite 109 (Address) Southfield. Michigan 48076 (City/State/Zip) Should you need to call someone concerning this matter, please call:

### **COURIEP ADDRESS:**

**Aaron Lovery** 

(Name of Person)

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

# **MAILING ADDRESS:**

at ( 810

557-9587

(Area Code & Daytime Telephone Number)

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**December 6, 1995** 

AARON LOWERY % AARON LOWERY & ASSOCIATES, INC. 28475 GREENFIELD, STE 109 SOUTHFIELD, MI 48076

SUBJECT: AARON LOWERY & ASSOCIATES, INC.

Ref. Number: W95000023807

We have received your document for AARON LOWERY & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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 (904) 487-6097.

Michael Mays Document Specialist

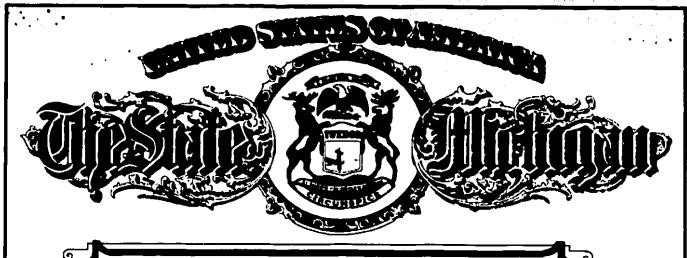
Letter Number: 395A00052945

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

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or w abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	ords o	<del></del>
2.	(State or country under the law of which it is incorporated)  3. 38-2395253 (FEI number, if applicable)		<del></del>
4.	(Date of Incorporation)  5. Percentual (Duration: Year corp. will cease to exist or "pe	apetus!	<u> </u>
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	_	
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		DIVIO S
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•		ਲ	
	28175 Greenfield, Suite 109 Southfield, Michigan 48076	12	21 - 144 114
	(Current mailing address)		- <u></u>
	,,	PX	- 339 S3€
8.	Training & Development, Presearch and Analysis	••	- :5:
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	9	Store
	Name: Aaron Lovery		
Oi	ffice Address: 8302 River Blobtand		
	Tarre Florida 22612		
10	, Florida , 33617 (Zip Code)		
	- ·		
res all	tving been named as registered agent and to accept service of process for the above stated rporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisi I statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.	one o	ſ
	Garay Jowery		
	(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.		

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Mone Address: \_\_\_ Vice Chairman: None Address: \_\_\_\_\_ Director: Mone e mention of the contract of t Director: None Address: B. OFFICERS (Street address only- g. O. Box NOT acceptable) President: Aaron Longy Address: 22427 Avon Laur - Southfield, Michigae 48075 Vice President: Name Address: Secretary: \_\_\_\_\_Bione Address: \_\_\_\_\_\_ Treasurer: \_\_\_\_\_ Mone Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Paren Lowery Progrident.
(Typed or printed name and capacity of person signing application)



Michigan Department of Commerce

Lansing, Michigan

This is to Certify That

AARON LOWERY AND ASSOCIATES, INC.

was validly incorporated on April 28, 1981, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 23rd day of November, 1995.

, Director

Corporation & Securities Bureau

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