F0000006231

TRANSMITTAL LETTER

To: Registration Section Division of Corporations	
SUBJECT:	ASSOCIATES, INC.
(Name of c	orporation - must include suffix)
Dear Sir or Madam:	
	ation for Authorization to Transact Business in Florida", itted to register the above referenced foreign corporation to
Please return all correspondence concerning th	is matter to the following: 300003429022
HVTONY'O	10/18/00-01080-008 M. FRIANCESCITY ******87.50 *****87.50
, ,	Name of Person)
- HMF &	ATSOCIANES, INC. W-25406 Firm/Company)
	Firm/Company)
39/0	CARNABY DR.
	(Address)
<u>Oviko</u>	O, Floring 32765 (City/State/Zin)
Ĩ	(City/State/Zip)
Should you need to call someone concerning the	nis matter, please call:
Anna II East	
(Name of Person) at ((Area Code & Daytime Telephone Number)
	TI TI
	, FSI ≥ D
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	11 / (
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee Certificate of State	· // / / / /



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

October 20, 2000

ANTONIO M FRÁNCESCHI 3910 CARNABY DR. OVIEDO, FL 32765

SUBJECT: AMF & ASSOCIATES INC Ref. Number: W00000025406

We have received your document for AMF & ASSOCIATES INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oather translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 300A00055087

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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	·.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or 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.)	LF
2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)	!
4. 2/9/1996 5. WENTING (Duration: Year corp. will cease to exist or "perpetual")	
6	
7. a. 39/0 CARWBY DA., ONEDO, FLORIDA 327 (Principal office address) b. 39/0 CARWBY DA., OVÍGOV, FLORIDA 3276 (Current mailing address)	65
(Principal office address)	<u></u> .
b. <u>59/0 ATKNING III-, OVIANO, ICONIDA 3216</u> (Current mailing address)	<u></u>
8. COLSULTIN Samios PES 8	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (T)	
$R_{c} \geq R_{c} = R_{c}$	-
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Address: 39/0 Cannaly Dr. Civilopo, Florida 32765 (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 designation 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.	
(Registered agent's Signature)	3 . 1
	- 1
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.

A. DIRECTORS	A 11		
Chairman:	THOMO M. FRANCESCH		· · · · · · · · · · · · · · · · · · ·
Address:	3910 CARNARY DR		
		·	
Vice Chairman:	MELLY R. FRANCESCHI		
Address:	3910 CARNABY DA.		
	CNEAR FLORIDA 32765	-	
		-	
		·	
Director:			
	-		
<u></u>			· ,
B. OFFICERS			
President:	ANDINO M. FRANCESCHI	- SE	
Address:	ANDINE M. FRANCESCHI 390 CARNADY DR.		· · · · · · · · · · · · · · · · · · ·
	Chirpo Floward, 32765	SSE SSE	
ice President:	SHALLO R. FRANCESCHI	DF S F, F,	
	3910 CARLARY DR.		
	Ovirso, Francos 32765		
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OTE: If necessary,	you may attach an addendum to the application listing additional officer		
·	ature of Chairman, Vice Chairman, or any officer listed in number 12 of	-	ئى تە ئۇي ^ت . -

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



The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

AMF & ASSOCIATES, INC. File No. 1388299-00

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.

NDV -7 AM 1: 21

RETARY OF STATE
AMASSEF FI ORIDA



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 31, 2000.

Elton Bomer Secretary of State

DAE