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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/14/03--01035--001 **78.75

W03-14444



Secretary of State

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03 MAY 30 AM 9: 47

JEGNETARY OF STATE
TALLAHASSEE, FLORIDA

May 20, 2003

ANTHONY BLONS 9020 PALMAS GRANDES BLVD #102 BONITA SPRINGS, FL 34135

SUBJECT: ACCESSORY CONNECTIONS, INC. Ref. Number: W03000014444

We have received your document for ACCESSORY CONNECTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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 oath of the 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) 245-6094.

Agnes Lunt Document Specialist

ocument Specialist Letter Number: 603A00031407

ACCESSORY CONNECTIONS, INC.

9020 Palmas Grandes Blvd.

Suite #102

Bonita Springs, FL 34135 FILED

Phone 239,405,2929

Fax 239,390,9764

E-Mail tblons@aol.bomMAY 30 AM 9: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 23, 2003

Agnes Lunt Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Ms Lunt.

On May 5, 2003 I submitted my Application by Foreign Corporation for Authorization to Transact Business in Florida to your office and subsequently had this request denied. Upon calling your office I was informed that the reasons for this denial were as follows:

- 1. There already exists a corporation in Florida with the registered name of Accessory Connections, Inc.
- 2. The documentation that I submitted regarding the standing of my corporation in the State of Minnesota was not acceptable.

The person I spoke with in your office advised me to send the following materials to your attention so that my Application could be approved:

- 1. A letter indicating that, in the State of Florida, Accessory Connections, Inc. requests to be registered with a DBA of "Accessory Connections of Minnesota".
- 2. A Certificate of Existence (Certificate of Good Standing) issued by the State of Minnesota.

I am enclosing both of these documents and request that my Application be reviewed at your earliest convenience.

Sincerely,

ARCESSORY CONNECTIONS, INC.

BBA ACCESSORY CONNECTIONS OF MINNESOTA

Anthony D. Blons

President

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TRANSMITTAL LETTER

03 MAY 30 AM 9: 47

Certified Copy

NEURETARY OF STATE TALLAHASSEE, FLORIDA TO: Registration Section Division of Corporations 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: (Name of Person)

ACCESSORY CONNECTIONS, TNC.

(Firm/Company)

9020 PALMAS GRANDES BINS. #102

(Address)

BONITA SPRINGS, FL 34135

(City/State and Zip code) For further information concerning this matter, please call: NTHONY BLOWS at (239) 405-2929
(Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$78.75 Filing Fee & ☐ \$70.00 Filing Fee □ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

ACCESSORY CONNECTIONS, INC.

9020 Palmas Grandes Blvd.

Suite #102

Bonita Springs, FL 34135 FILED

Phone 239.405.2929

Fax 239.390.9764

E-Mail thlons@aoD30MAY 30 AM 9: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 23, 2003

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

TO WHOM IT MAY CONCERN:

In order to register Accessory Connections, Inc., a Minnesota corporation, as approved to conduct business in the State of Florida and avoid any conflict with any other business of the same name, we wish to amend our Application by Foreign Corporation for Authorization to Transact Business in Florida to include the DBA, "Accessory Connections of Minnesota."

I attest that, as President and sole stock holder of Accessory Connections, Inc., I am authorized by Accessory Connections, Inc. to establish this DBA.

Sincerely,

ACCESSORY CONNECTIONS, INC.

DBA ACCESSORY CONNECTIONS OF MINNESOTA

Anthony D. Blons

President

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
1. ACCESSORY CONNECTIONS, TWO. SCORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA MAY 30 AM 9: 48 (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" WALLAHASSEE, FLORIDA
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" CALLAHASSEE, FLORID, 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.)
2. MINNESOTA 3. 41-1712-119 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/21/1991 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. FEB 1, 2003 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607 1502 and 817 155 E.S.)
(355 35C 11013 007.1301, 007.1302 and 617.133, 1.3.)
7. 9020 Palmas Gamues Blud. #102, Bonita Spains, FL 34135 (Principal office address) SAME (Current mailing address)
(Principal office address)
SAME
(Current mailing address)
8. GENERAL BUSINESS PURPOSES
(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 or Mail Drop Box NOT acceptable)
Name: ANTHONY BIONS Office Address: 9020 Palmas GRANDES Blud, #102 Bouita Springs, Florida 34/35 (City) (Zip code)
Office Address: 9020 Palmas GRANDES Blud, #102
Bourta Springs Florida 34135
(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.
(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 business addresses of officers and/or directors:

Chairman: ANTHONY BLONS	FILE[
9026 PAIMAS GRANDES Blud. #102	03 MAY 30 A)
Address: 9020 PALMAS GRANDES Blud., #102 BONITA SPRINGS, FL 34135	TALLAHASSEE,
Vice Chairman:	
Address:	
Director:	<u></u> .
Address:	
Director:	
Address:	
B. OFFICERS	
President: ANTHONY BLOWS	
Address: 9020 PALMAS GRANDES BING. #102	
Bonita Spring, FL 34135	
Vice President: ANTHONY BIONS	
Address: (SAME)	
Another Rivale	<u></u>
Secretary: ANTHONY BLONS Address: (SAME)	
Treasurer: ANTHONY BLONS	
Address: (SAME)	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13. Clothony Den	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 o	f the application)
14. ANTHONY BLONS, PRESIDENT (Typed or printed name and capacity of person signing application)	
(1) the or brance name and capacity or beroon signing ablancation)	

State of Minnesota

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SECRETARY OF STATE LANGUE STATE ALLAHASSEE, FLORIDA

Certificate of Good Standing

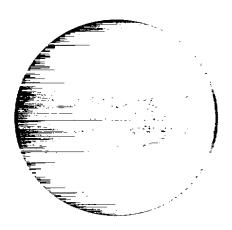
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: ACCESSORY CONNECTIONS, INC.

Date Formed: 11/21/1991

Chapter Governed By: 302A

This certificate has been issued on 05/22/03.



Mary Hiffmager Secretary of State.