

F07000003202

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TALLAHASSEE, FLORIDA

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5007-26734

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A.R.M. & Associates, 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," 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:

Michael S. Mangini
(Name of Person)
A.R.M. & Associates, Inc.
(Firm/Company)
109 Fairfield Way Ste. 207
(Address)
Bloomington, IL 60108
(City/State and Zip code)

For further information concerning this matter, please call:

Michael Mangini at (630) 439-1022
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2007

MICHAEL S MANGINI
A.R.M. & ASSOCIATES, INC.
109 FAIRFIELD WAY - STE 207
BLOOMINGDALE, IL 60108

SUBJECT: A.R.M. & ASSOCIATES, INC.
Ref. Number: W07000026734

RECEIVED
07 JUN 25 PM 1:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for A.R.M. & ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

The document number of the name conflict is P05000003141 (AR & M ASSOCIATES, INC).

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) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 907A00038397

Thank you

**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. A.R.M. & Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

A.R.M. & Associates Enterprises, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 71-1024941
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Feb. 14, 2007 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 109 Fairfield Way Ste # 207 Bloomington IL 60108
(Principal office address)

109 Fairfield Way Ste # 207 Bloomington IL 60108
(Current mailing address)

8. Collection Agency
(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: Bruce Lotarski

Office Address: 2732 Broadway Center Blvd
Brandon, Florida 33510
(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.

Bruce Lotarski
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: FRANCA Mangini

Address: 109 FAIRFIELD WAY Ste-207
Bloomington IL 60108

Vice Chairman: Michael Mangini

Address: 109 FAIRFIELD WAY Ste-107
Bloomington IL 60108

Director: RONALD SNELL

Address: 109 FAIRFIELD WAY Ste-207
Bloomington, IL 60108

Director: _____

Address: _____

B. OFFICERS

President: FRANCA Mangini

Address: 109 FAIRFIELD WAY Ste-207
Bloomington IL 60108

Vice President: Michael Mangini

Address: 109 FAIRFIELD WAY Ste-207
Bloomington IL 60108

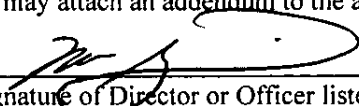
Secretary: RONALD SNELL

Address: 109 FAIRFIELD WAY Ste-207 Bloomington IL 60108

Treasurer: _____

Address: _____

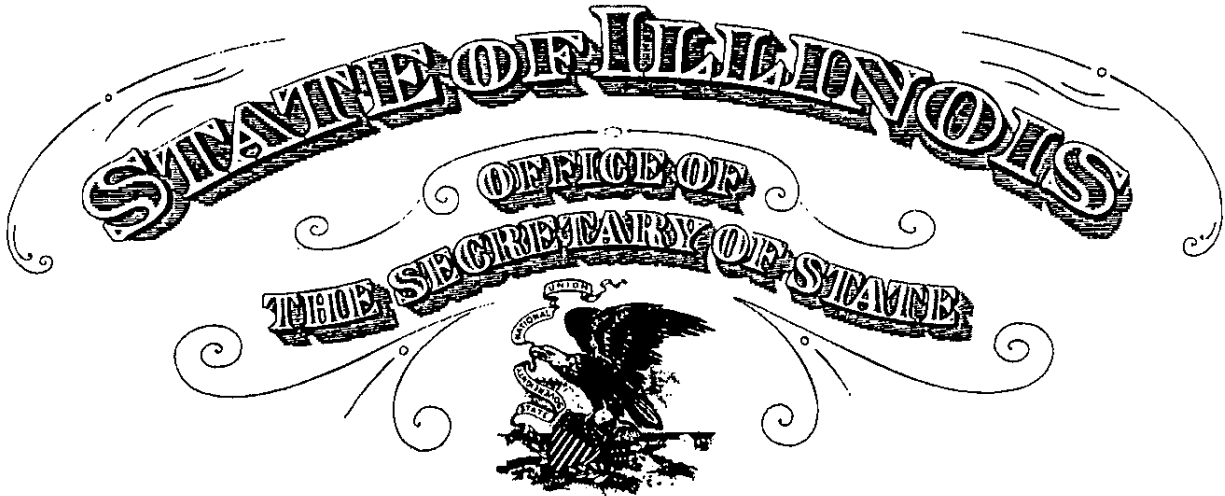
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. MICHAEL S. MANGINI Vice President
(Typed or printed name and capacity of person signing application)

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2007 JUN 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number 6538-456-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

A.R.M. & ASSOCIATES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 07, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0704501998

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of FEBRUARY A.D. 2007

Jesse White

SECRETARY OF STATE