H14000262660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AKT ENTERPRISES GROUP 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:

JARED MENDELEWICZ
Name of Person

AKT ENTERPRISES GROUP INC
Firm/Company

6424 FOREST CITY RD
Address

ORLANDO, FL 32810
City/State and Zip code

CALLIE@AKTENTERPRISES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JARED MENDELEWICZ at (407) 218-6490
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

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. AKT ENTERPRISES GROUP 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. DELAWARE
(State or country under the law of which it is incorporated)

3. 46-4618960
(FEI number, if applicable)

4. 1-23-2014
(Date of incorporation)

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

6. 1-23-14
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6424 FOREST CITY RD, ORLANDO, FL 32810
(Principal office address)

6424 FOREST CITY RD, ORLANDO, FL 32810
(Current mailing address)

8. CONDUCTING ANY AND ALL LAWFUL BUSINESS
(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: JARED MENDELEWICZ

Office Address: 6424 FOREST CITY RD

ORLANDO (City), Florida 32810 (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:

A. DIRECTORS

Chairman: ALEX TCHEKMEIAN

Address: 810 HAMILTON PLACE COURT

WINTER PARK, FL 32789

Vice Chairman: JARED MENDELWICZ

Address: 6424 FOREST CITY RD

ORLANDO, FL 32810

Director: VARTAN TCHEKMEIAN

Address: 83 ADMIRALS COURT

PALM BEACH GARDENS, FL 33418-7191

Director: GRANT TCHEKMEIAN

Address: 6424 FOREST CITY RD

ORLANDO, FL 32810

B. OFFICERS

President: _____

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

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

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. JARED MENDLEWICZ

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