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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 Phone : (850)656-7956 : (850)656-7953 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

radiv@incserv.com Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION THE AH COLLECTIVE INC

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

(E-1	THE AH COLI		TION !!
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORA	110N,"
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of trans	sacting business in Florida)
New Yor	k 3.	47-2935889	
	ry under the law of which it is incorporated)	,	if applicable)
1/21/201	5 <sub>5.</sub>	Perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cor	ase to exist or "perpetual")
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration 502. F.S., to determine penalty l	
143A Moi	ntauk Highway, West Ham	•	······································
	(Principal office add		A.c. 2
PO Box 7	01, Speonk, NY 11972		2015 SEC
	(Current mailing add	dress)	5.5
	_		
Name and stree	et address of Florida registered agent: (P.		
Name:	Incorporating Services L	<u>_ta.</u>	
ffice Address:	1540 Glenway Drive		
	Tallahassee	, Florida 32301	<del>_</del>
			<del></del>

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.

10. 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.

11. Names and business addresses of officers and/or directors:				
A. DIRECTORS				
Chairman: John Artarian				
Address: 127 Arlington Ave., Port Jefferson, NY 11777				
Vice Chairman:				
Address:				
Director:				
Address:				
Disputer				
Director:				
Address:				
n opposite				
B. OFFICERS  President: John Artarian	20 Sa			
President: 127 Arlington Ave., Port Jefferson, NY 11777				
Address: 127 Willigton / Co., 1 Ort Gonol Gon, 141 1 1 7 7				
None	V23			
Vice President: None	70			
Address:				
	»·			
Secretary: None				
Address:				
Treasurer: None				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.				
12				
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.				
John Artarian, President				

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

## State of New York Department of State State | State

I hereby certify, that the Certificate of Incorporation of THE AH COLLECTIVE INC was filed on 01/21/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 10th day of August two thousand and fifteen.

Anthony Giardina Executive Deputy Secretary of State

