

F17000004933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

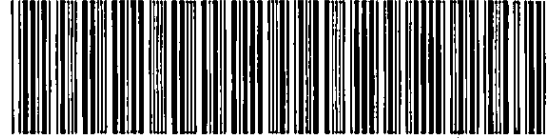
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Purpose

W17-83258

Office Use Only



800304438678

10/13/17--01014--011 ***43.75

06/02/17--01011--010 ***43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 31 PM 5:51

FILED

S. WARREN

NOV 02 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2017

AMBER KING
822 A1A N, SUITE 310
PONTE VEDRA, FL 32082

SUBJECT: AMERICAN ASSOCIATION OF BUSINESS NETWORKING INC.
Ref. Number: W17000083258

We have received your document for AMERICAN ASSOCIATION OF BUSINESS NETWORKING INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00021072

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Association of Business Networking
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Amber King
Name of Person

American Association of Business Networking
Firm/Company

4622 AIA N

Ste 310

Address

Ponte Vedra FL 32082
City/State and Zip Code

amberbyer@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber King
Name of Person

at (904)
Area Code

687-4085
Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Clarissa Golden has \$43.75
A check for the remaining
balance of \$43.75 enclosed

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. American Association of Business Networking Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 63-1012610
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-22-2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1209 Orange St. Wilmington DE 19801
(Principal office address)

822 North A1A Hwy Ste 310 Ponte Vedra FL 32082
(Current mailing address, if different)

We exist to improve the quality of life and enhance business practices amongst professionals by offering
8. educational information, networking opportunities, benefits and services for Association members.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.



Peter Trawinski
Assistant Secretary

(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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. H Gardner

6271 Dupont Station Ct.

Jacksonville FL 32217

B. OFFICERS

President: _____

Leroy Miller

Address: _____

833-14 Goodby's Executive Dr #6

Jacksonville FL 33250

Vice President: _____

Address: _____

Secretary: _____

Rob Ellis

Address: _____

3512 Pintail Drive S Jacksonville FL 33250

Treasurer: _____

Chuck Hansen

Address: _____

11527 Mandarin Cove Lane Jacksonville FL 32223

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

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

FILED
17 OCT 31 AM 5:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN ASSOCIATION OF BUSINESS NETWORKING" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN ASSOCIATION OF BUSINESS NETWORKING" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2016.



6259261 8300C

SR# 20175449408

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203010282

Date: 08-05-17