

F18000001067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

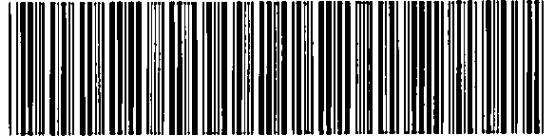
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/18--01010--010 **78.75

RECORDED
2018 MAR -5 PM 1:46
TALLAHASSEE, FLORIDA
FILED
18 MAR -5 AM 7:32

J. LEGGETT
MAR 06 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 3/5/2018

****WALK IN****

ENTITY NAME AMERICAN ASSOCIATION OF EMPLOYEES AND SELF EMPLOYED PERSONS, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 78.75

CHECK # 4600

Please call Tina at the above number for any issues or concerns. Thank you so much!

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:

American Association of Employees and Self-Employed Persons, Inc.

1. _____
 (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)

New York State

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

March 28, 1984

4. _____ 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

Upon filing

6. _____
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
 c/o Madon Malin, P.C. 50 Main St., Suite 1000, White Plains, NY 10606

7. _____
 (Principal office address)

 (Current mailing address, if different)

Membership organization of employees and self-employed persons

8. _____
 (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: United Corporate Services, Inc.

Office Address: 9200 South Dadeland Blvd., Ste. 508

Miami, Florida 33156
 (City) (Zip Code)

FILED
 18 MAR -5 AM 7:32
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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.

Michael A. Barr, President

 (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 addresses of officers and/or directors

A. DIRECTORS

Roger H. Madon

Chairman: _____
9126 Vander Cove.

Address: _____
Boynton Beach, FL 33473

Vice Chairman:

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Roger H. Madon

President: _____
9126 Vander Cove

Address: _____
Boynton Beach, FL 33473

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 Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Roger H. Madon

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AMERICAN ASSOCIATION OF EMPLOYEES AND SELF-EMPLOYED PERSONS, INC. was filed on 03/28/1984, under the name of NATIONAL CONGRESS OF EMPLOYEES, INC., as a Not-for-Profit Corporation 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. I further certify the following:

A certificate changing name to AMERICAN ASSOCIATION OF EMPLOYEES AND SELF-EMPLOYED PERSONS, INC. was filed on 08/25/2004.

A Certificate of Amendment was filed on 04/27/2005.

Certificate of Change was filed on 10/19/2017.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 02nd day of March
two thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a faint, dotted line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State