

F18000002027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

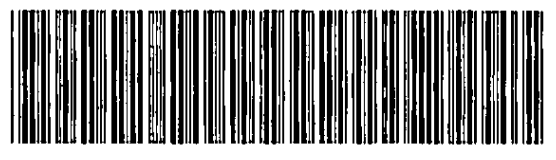
(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY -1 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FL 32304

K SALY
MAY -2 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALAF, 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:

MOHAMMAD ALI SARRAFIAN

Name of Person

ALAF INC.

Firm/Company

7219 WILLIAMS DR. S.

Address

ST. PETERSBURG, FL 33705

City/State and Zip code

ALIZ@ADMENG.CA

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

For further information concerning this matter, please call:

ALI SARRAFIAN at (416) 875-7939

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.

ALAF, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ALAF-FL Corporation

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

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

DECEMBER 2, 2009

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

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

7219 WILLIAMS DR. SOUTH, ST PETERSBURG, FL 33705

7. _____
(Principal office address)

(Current mailing address, if different)

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

NEIL BROWN

Name: _____

1125 FRIENDLY WAY SOUTH

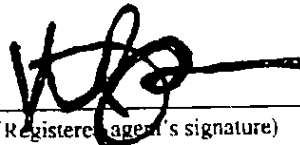
Office Address: _____

ST PETERSBURG 33705

_____, Florida _____
(City) (Zip code)

9. 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)

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.

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MOHAMMAD "ALI" SARRAFIAN
7219 WILLIAMS DR. SOUTH
Address: ST PETERSBURG, FL 33705

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

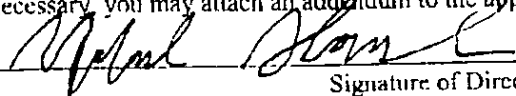
President: MOHAMMAD "ALI" SARRAFIAN
7219 WILLIAMS DR. SOUTH
Address: ST PETERSBURG, FL 33705

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
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 11 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.
MOHAMMAD "ALI" SARRAFIAN

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

Delaware

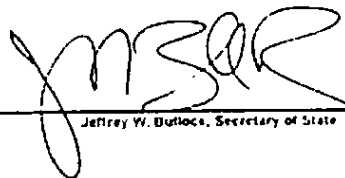
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALAF INC." 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 TWELFTH DAY OF FEBRUARY, A.D. 2018.

FILED
18 MAY - 1 AM 7:52
SECRETARY OF STATE
TALLMANSSE, FLORINDA




Jeffrey W. Bullock, Secretary of State

4759412 8300

SR# 20180928639

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

Authentication: 202137726

Date: 02-12-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2018

MOHAMMAD ALI SARRAFIAN
ALAF INC.
7219 WILLIAM DR. S
ST. PETERSBURG, FL 33705

SUBJECT: ALAF INC.
Ref Number: W18000020795

We have received your document for ALAF INC. and your check(s) totaling \$70.00. 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.

The document number of the name conflict is L10000127984 "ALAF, LLC".

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.

Karen A. Saly
Regulatory Specialist II

Letter Number: 18A00004341

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32374

2018 MAY - 1 12 PM '18