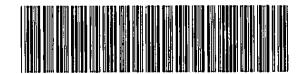
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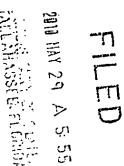
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Special Instructions to Fill	ing Officer:					
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations AJA Ventures, Inc dba Navis Pack & Ship of SW Florida								
SUBJ	ECT:	a r ack a crip o		•					
	Namo	e of corporatio	n - must in	clude suffix					
Dear S	Sir or Madam:								
"Certi	nclosed "Application by Foreign (ficate of Existence," or "Certifica referenced foreign corporation to	te of Good Sta	anding" and	i check are sub					
	return all correspondence concer v J. Ahrens	ning this matte	er to the fo	llowing:					
AJA Ve	entures, Inc. dba Navis Pack & Ship c	Name of Name of SW Florida	f Person						
21717	Baccarat Lane #201	Firm/Co	mpany						
Fort M	yers, FL 33928	Add	ress						
andy.a	City/State and Zip c andy.ahrens@gonavis.com				2011 18				
	E-mail addre	ss: (to be used	for future	annual report	notification)-<	g similari			
For fu	rther information concerning this	matter, please	call:		29 A				
Andrev	v J. Ahrens	262	391-46	667	ूं, ज़ा				
	Name of Person	_ at (Area Co	<i>)</i> de	Daytime Telep	hone Number 1	_			
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					
Enclos	sed is a check for the following ar	nount:							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2018

ANDREW J AHRENS 21717 BACCARAT LN #201 FORT MYERS, FL 33928

SUBJECT: AJA VENTURES, INC. DBA NAVIS PACK & SHIP OF SW FLORIDA

Ref. Number: W18000047421

We have received your document for AJA VENTURES, INC. DBA NAVIS PACK & SHIP OF SW FLORIDA 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.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document number of the name conflict is L16000172203.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00010359

www.sunbiz.org

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. AJA PACKENG VENTURES, JUC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATIO "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") ATA PACKING VENTURES TWC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Wisconsin 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) March 21, 2018 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8821 Business Park Drive, #407, Fon Myers, FL 93912 CIRCLE 21717 Baccarat Lane, #201, Estero, FL 33928 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Andrew J. Ahrens Name: 21717 Baccarat Lane, #201 Office Address: Estero, FL (City) 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Andrew J. Ahrens Chairman: 21717 Baccarat Lane, #201 Address: Estero, FL 33928 Same Vice Chairman: __ Address: _ Same Director: Address: ___ **B. OFFICERS** President: Address: _ Same Vice President: _____ <u>آ</u> Address: _ ्र UI Secretary: _ Address: Treasurer: ____ Address: _____ NOTE: If necessary, you may attack an adder turn to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I. Mary Ann McCoshen. Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

AJA VENTURES INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 21, 2018.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 07, 2018.

Gaire of Wiscons and

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/