# F-18000002724

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

M. MILLIGAN JUN 11 2018



June 4, 2018

MICHAEL CELLI 382 MORRIS AVE LONG BEACH, NJ 07740

SUBJECT: AGGRESSIVE SPORTS INCORPORATED

Ref. Number: W18000043208

We have received your document for AGGRESSIVE SPORTS INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Letter Number: 418A00011517

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

~	stration Section of Cor					
SUBJECT:	Aggressi	ve Sports Inc.				
			of corporati	on - mus	t include suffix	<u> </u>
Dear Sir or M	tadam:					
"Certificate of	of Existence	ion by Foreign Co e," or "Certificate n corporation to t	of Good S	tanding"	and check are sub	et Business in Florida," mitted to register the
Please return	all corresp	ondence concern	ing this mat	ter to the	following:	
			Michael	Celli		
	_	<del>-</del> -	Name	of Persor	1	
			Aggressi	ve Sport	s Inc.	
•			Firm/C	ompany		
			382 Morri	s Avenue		
-			Ad	dress		
		<u> </u>	Long Brand	h, NJ 077	40	
			City/Stat	e and Zip	code	
		Aggressiv	esportinc@	yahoo.c	om ure annual report i	actification)
		n-man addres	s: (to be use	o for rui	ure annuar report i	journeation)
For further in	iformation	concerning this r	natter, pleas	se call:		
			054	,	457 2504	
Michael Celli Nan	ne of Perso		at ( <u>954</u> Area C	)	457-2594  Daytime Telep	hone Number
		•	7		,	
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 am	ount:			
□ \$70.00 Fi	iling Fee	S78.75 Filir Certificate			.75 Filing Fee & tified Copy	☐ S87.50 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.

"Inc.," "Co.," "C	orts <sub>s</sub> ines corporation; must include "INCORPORATED," "( Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION,"		
Aggressive Sp	orts I Incorporated lable in Florida, enter alternate corporate name add	opted for the purpose of transacting business in	Florida)	
2. New Jersey (State or count	ry under the law of which it is incorporated)	22-3338733 (FEI number, if applicable)		
¬,	e of incorporation)	(Date of duration, if other than perpetua	1)	
,	•			
6.	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		_	
7. 382 Morris A	venue Long Branch, NJ 07740	office address)		,
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································		2
<del></del>	(Current mailing	address, if different)	<u>- 35 (0)</u> - 50	
8. Name and stre	et address of Florida registered agent: (P.O. l	Box <u>NOT</u> acceptable)	RETARY O	JUN I
Name:	Michael Celli		- T S	<u>∓</u> (
				P# 1:3
Office Address:	465 Paradise Isle Blvd	<del></del>	· · · · · · ·	
Office Address:		— Florida 33009	Šw	
Office Address:		Florida <u>33009</u> (Zip code)	ĎW.	~

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.

	经路 智 一张
11. Names and business addresses of officers and/or directors:	が記録
A. DIRECTORS	
Chairman: Michael Celli	SSE TO
Address: 382 Morris Avenue Long Branch, NJ 07740	201
	<u> </u>
Vice Chairman:	<del></del>
Address:	
Director:	
Address:	
Director:	
Address:	<del></del>
B. OFFICERS	
NE C. J. Calli	
Address: 382 Morris Avenue Long Branch, NJ 07740	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	md/or directors.
12. Muhit, Celli Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms that are true and that he or she is aware that false information submitted in a document to the Departre a third degree felony as provided for in \$.817.155, F.S.	t the facts stated herein
13. 12144EL Centy 12E372CNT (Typed or printed name and capacity of person signing application)	
(Typed or printed name and capacity of person signing application)	

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### AGGRESSIVE SPORTS, INC.

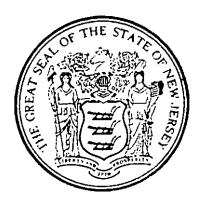
0100604383

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 21, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MICHAEL G CELLI JR 382 MORRIS AVE LONG BRANCH, NJ 07740-0000



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of May, 2018

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6088523883

Verify this certificate online at

https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp