

F19000002413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

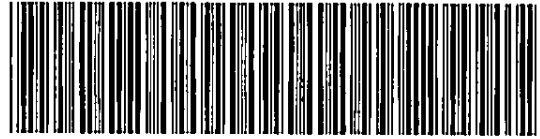
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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MAY 22 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations
ALEXANDER & WILDER HOLDINGS INCORPORATED

SUBJECT: _____
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:
MARSHA SIHA

Name of Person
Firm/Company
17350 STATE HWY 249 STE 220
Address
HOUSTON, TX 77064
City/State and Zip code
EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA	1	8884623453
Name of Person	at (_____)	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.

ALEXANDER&WILDER HOLDINGS INCORPORATED

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

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

2. KANSAS 3. 83-4581362
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/29/2019 5. PERPETUAL
(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)
20 W LUCERNE CIR APT 309, ORLANDO, FL 32801

7. _____
(Principal office address)

_____ (Current mailing address, if different)

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

Name: Daniel Cintron
Office Address: 20 W LUCERNE CIR APT 309
ORLANDO, Florida 32801
(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.

Daniel Cintron
(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

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Daniel Cintron

Address: 20 W LUCERNE CIR APT 309

Address: ORLANDO, FL 32801

Director: Daijon Wilder

Address: 2425 TIMOTHY LN

Address: KISSIMMEE, FL 34743

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TALLAHASSEE, FL 32399

B. OFFICERS

President: DANIEL CINTRON

Address: 20 W LUCERNE CIR APT 309

Address: ORLANDO, FL 32801

Vice President: _____

Address: _____

Secretary: Daijon Wilder

Address: 2425 TIMOTHY LN, KISSIMMEE, FL 34743

Treasurer: Daijon Wilder

Address: 2425 TIMOTHY LN, KISSIMMEE, FL 34743

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

12. _____

Daniel Cintron

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.

DANIEL CINTRON (PRESIDENT)

13. _____

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

5/13/2019

<https://www.kansas.gov/bess/flow/main?execution=e2s1>

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office

Business Entity ID Number: 9397365

Entity Name: ALEXANDER&WILDER HOLDINGS INCORPORATED

Entity Type: DOMESTIC FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: LEGALINC CORPORATE SERVICES INC.

Registered Office: 2611 SW 17TH ST, SUITE 223, TOPEKA, KS 66604

was filed in this office on April 29, 2019, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 13, 2019

A handwritten signature in cursive script that reads "Scott Schwab".

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1102082 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.