

FP19000003136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

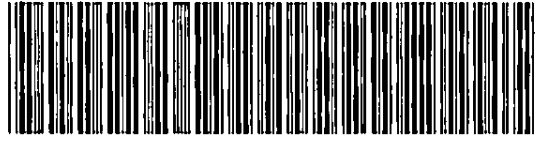
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
PC  
suffix / correct name  
W19000056466

Office Use Only



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TALLAHASSEE, FLORIDA  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2019

BRYAN ESARCO  
PO BOX 850  
LAKE GENEVA, WI 53147

SUBJECT: AJE ASSOCIATES, P.C.  
Ref. Number: W19000056466

We have received your document for AJE ASSOCIATES, P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 019A00011908

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AJE ASSOCIATES, P.C.  
Name of corporation - must include suffix

\* PLEASE NOTE - IL USES THE P.C. DESIGNATION THAT REFERS TO "PROFESSIONAL CORPORATION". ALSO - IL ISSUES ALL CERT. OF GOOD STANDING - ONLINE ONLY.  
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:

BRYAN ESARCO  
Name of Person  
AJE ASSOCIATES, P.C.  
Firm/Company  
P.O. BOX 850  
Address  
LAKE GENEVA, WI 53147  
City/State and Zip code  
besarco@ajeassociates.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRYAN ESARCO at ( 262 ) 581-1441  
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.

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

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

2. ILLINOIS 3. 36-4219987  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-15-1998 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 6/10/2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18745 KLINGLER CURVE, PORT CHARLOTTE FL 33948  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: JAMMY SANKEY

Office Address: 18745 KLINGLER CURVE  
PORT CHARLOTTE, Florida 33948  
(City) (Zip code)

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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.*

Jammy Sankey  
(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

Chairman: BRYAN ESARCO

Address: 416 FAIR OAKS DRIVE  
WILLIAMS BAY, WI 53191

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: BRYAN ESARCO

Address: 416 FAIR OAKS DRIVE  
WILLIAMS BAY, WI 53191

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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B. OFFICERS

President: BRYAN ESARCO

Address: 416 FAIR OAKS DRIVE  
WILLIAMS BAY, WI 53191

Vice President: BRYAN ESARCO

Address: 416 FAIR OAKS DRIVE  
WILLIAMS BAY, WI 53191

Secretary: \_\_\_\_\_

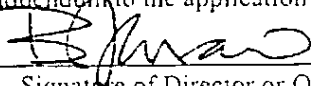
Address: \_\_\_\_\_

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

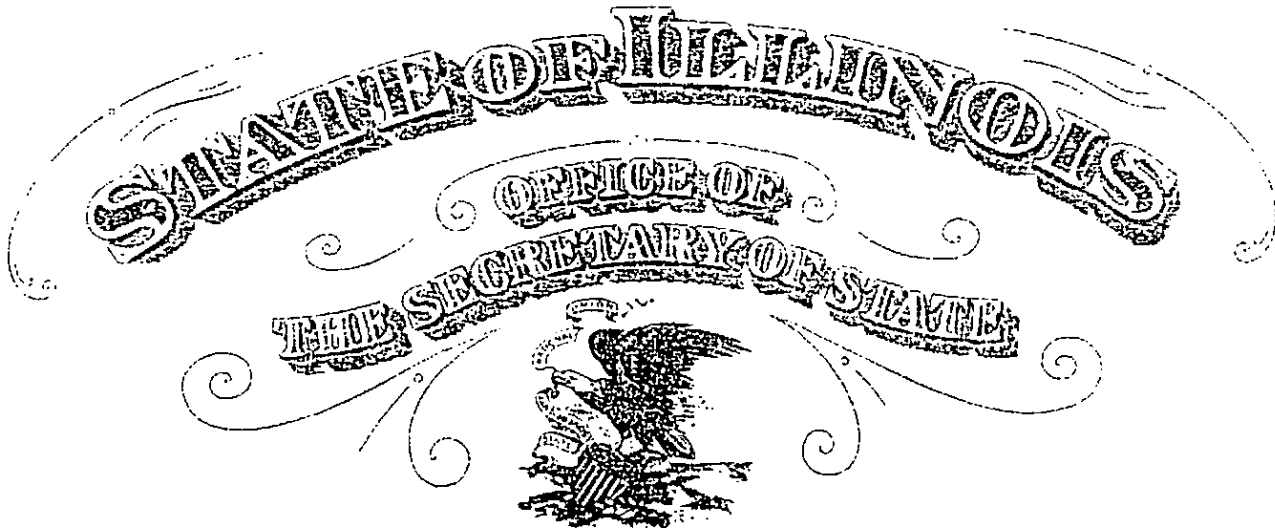
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. BRYAN ESARCO, PRESIDENT

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

File Number

5990-053-6



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

AJE ASSOCIATES, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1998. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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 FLORIDA  
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**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of MAY A.D. 2019 .**



*Jesse White*

SECRETARY OF STATE