

Jul 31 19, 11:10a

Amelia Law Group

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7/31/2019

Division of Corporations

Florida Department of State

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COVER LETTER

	Registration Se Division of Cor					
SUBJEC	AAF ENT	TERPRISES, INC.				
		Name	of corporation	a - must	include suffix	
Dear Sir	or Madam:					
"Certifica	ite of Existence	ion by Foreign C e," or "Certificat n corporation to	e of Good Sta	nding" a	nd check are subr	t Business in Florida," nitted to register the
		ondence concern OLL, ESQUIRE	ning this matte	r to the l	following;	
			Name of	Person		
AMELIA	LAW GROUP,	PLLC				
960194 G	ATEWAY BOL	LEVARD, SUITE	Firm/Con E 101	pany		
FERNAN	DINA BEACH,	FLORIDA 32034	Addr	ess		
LCHISM(BAMELIALAN	/GROUP.COM	City/State a	nd Zip c	ode	
	•	E-mail addres	s: (to be used	for futur	e annual report no	otification)
For furthe	r information o	concerning this r	natter, please o	all:		
LORIE L. CHISM, ESQ.		904 at (9501		
٨	lame of Person		Area Cod	c	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed i	s a check for th	ne following amo	ount:			
□ \$70.00	Filing Fee	☐ \$78.75 Filin Certificate o		\$78.75 Certifie	Filing Fee & ed Copy	\$87.50. Filling Fee. Certificate of Status & Certified Copy

((H19000228767 3))

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.

AAF ENTERPRISES, INC.

(Enter name of "Inc.," "Co.," "	PRISES, INC. corporation; must include "INCORPORATED," " Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N,"
AAF FLORID			
(If name unava	lable in Florida, enter alternate corporate name add	onted for the purpose of transporti	no business in Dis (da)
ILLINOIS	45	5-4979(199	ng cusiness in Piorida)
(State or country under the law of which it is incorporated) (FEI number, if 05/12/2005 5.			oplicable)
(Dai	e ef incorporation)	(Date of duration, if other	than perpetual)
		F.S., to determine penalty liabil DA 32034 office address)	
TS HARRISON	CREEK ROAD, FERNANDINA BEACH, FLOR	IDA 32034	,
	(Current mailing a	ddress, if different)	₹; <u></u>
Name and stre	et address of Florida registered agent: (P.O. E MALLORY E. MCCARROLL, ESQ.	Box <u>NOT</u> acceptable)	# mg
	960194 GATEWAY BLVD, SUITE 101	_	# F
ffice Address:		_	- 4
office Address:	FERNANDINA BEACH	— . Florida	7 · · · · · · · · · · · · · · · · · · ·

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.

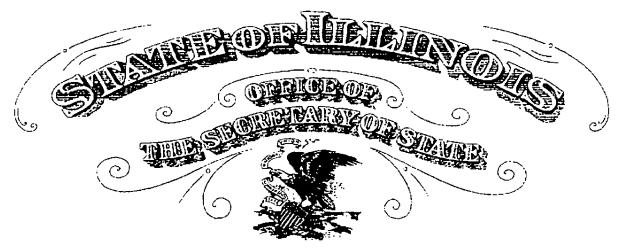
[((H19000228767 3))]

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:			
Address:			
			
Director:			
Director:			
Address:			
			
Director:			
Address:			
		<u> </u>	
B. OFFICERS	· ·	<u> </u>	-11
President:	6.	î.	
Address:)
FERNANDINA BEACH, FLORIDA 32034	- 	13.	- ا
Vice President: WENDY J. HOLMQUIST	P1e	Τ.	
15 HARRISON CREEK ROAD Address:			
FERNANDINA BEACH, FLORIDA 32034			
Secretary:			
Address:			
Treasurer:			
Address:		 .	
NOTE: If necessary, you may attach an adderdom to the action in the second			
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or direct	ors.	
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) after	ns that the facts str	ated her	ein
are true and that he or she is aware that false information submitted in a document to the D a third degree felony as provided for in s.817.155, F.S.	epartment of State	constit	utes
COLE E RACHELDER EDERSIDENT			
13.			
(Typed or printed name and capacity of person signing application	1)		

[((H19000228767 3)))

File Number

6429-068-1



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

AAF ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 12, 2005, 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.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JULY A.D. 2019

Authentication #: 1921002556 verifiable until 07/29/2020 Authenticate at: http://www.cyberdriveillineis.com sse White

SECRETARY OF STATE