

F19000005293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P.A.J.A., CORP.  
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:

THOMAS J. ARCIOLA

Name of Person

P.A.J.A., CORP.

Firm/Company

9132 NIGHTINGALE ROAD

Address

WEEKI WACHEE FL. 34613

City/State and Zip code

TJCAFEB@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS J. ARCIOLA at (352) 596-8535  
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

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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. P. A. J. A., "CORP."  
(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. NEW YORK 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 2<sup>ND</sup>, 1996 5. \_\_\_\_\_  
(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)

7. 9132 NIGHTINGALE RD. WEEKI WACHEE FL. 34613  
(Principal office address)

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

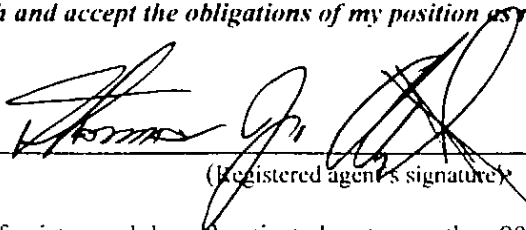
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THOMAS J. ARGIOLA

Office Address: 9132 NIGHTINGALE ROAD  
WEEKI WACHEE Florida 34613  
(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.*

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: THOMAS J. ARCIOLO

Address: 9132 NIGHTINGALE ROAD

WEEKI WACHEE FL. 34613

Vice President: \_\_\_\_\_

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

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. THOMAS J. ARCIOLO PRESIDENT

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

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of P.A.J.A., CORP. was filed on 05/02/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 07/02/1998.

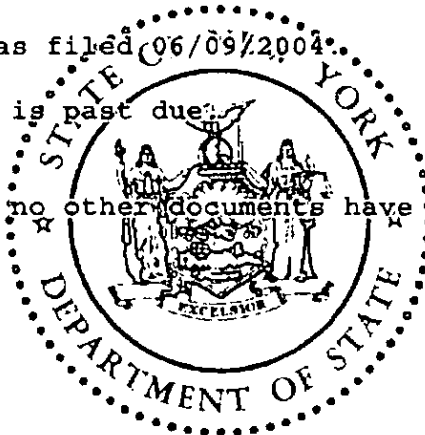
A Biennial Statement was filed 08/14/2000.

A Biennial Statement was filed 05/06/2002.

A Biennial Statement was filed 06/09/2004.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 25th day of October two  
thousand and nineteen.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State

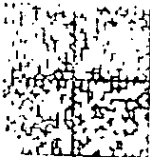
P.A.J.A., CORP.  
C/O THOMAS ARCIOLA  
9132 NIGHTINGALE ROAD  
WEEKI WACHEE FL 34613

*Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.*

*If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.*

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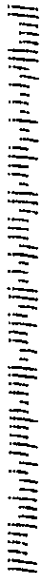
00S-019 (Rev. 04-05)  
**DEPARTMENT OF STATE**  
ONE COMMERCE PLAZA  
99 WASHINGTON AVENUE  
ALBANY, NY 12231-0001



3000 370



MAILED TO  
ME 10/29/19



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# NYS Department of State

## Division of Corporations

### Entity Information

DOS # 2025882

The information contained in this database is current through October 17, 2019.

Selected Entity Name: P.A.J.A., CORP.

Selected Entity Status Information

**Current Entity Name:** P.A.J.A., CORP.

**DOS ID #:** 2025882

**Initial DOS Filing Date:** MAY 02, 1996

**County:** WESTCHESTER

**Jurisdiction:** NEW YORK

**Entity Type:** DOMESTIC BUSINESS CORPORATION

**Current Entity Status:** ACTIVE

Selected Entity Address Information

**DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)**

P.A.J.A., CORP.

PO BOX 377

YONKERS, NEW YORK, 10710

**Chief Executive Officer**

THOMAS ARCIOLA

610 TUCKAHOE RD

YONKERS, NEW YORK, 10710

**Principal Executive Office**

THOMAS ARCIOLA

610 TUCKAHOE RD

YONKERS, NEW YORK, 10710

**Registered Agent**

NONE

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This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of incorporation, however this information is not recorded and only available by viewing the certificate.

#### **\*Stock Information**

# of Shares	Type of Stock	\$ Value per Share
200	No Par Value	

\*Stock information is applicable to domestic business corporations.

#### **Name History**

Filing Date	Name Type	Entity Name
MAY 02, 1996	Actual	P.A.J.A., CORP.

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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