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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUL 27 2020

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TALLAHASSEE, FLORIDA

45
8/16/20

Allied Alliance Group Inc

100 Boxart St Suite 2036

Rochester, NY 14612

State of Florida
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: **Allied Alliance Group Inc**

To Whom It May Concern:

Enclosed you will find our completed Qualification Foreign Corporation application.

Please mail all correspondence to:

Marc Mancuso
Allied Alliance Group Inc
100 Boxart St Suite 2036
Rochester, NY 14612

If you have any questions regarding this application, please contact:

Marc Mancuso
Allied Alliance Group Inc
Phone: (585) 207-0718
Fax: (585) 435-4339
Email: marcmancuso@alliedalliancegroupinc.com

Enclosures

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STATE OF FLORIDA
TALLAHASSEE, FL 32303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied Alliance Group Inc

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:

Marc Mancuso

Name of Person	2020 JUL 27 PM 3:28
Allied Alliance Group Inc	
Firm/Company	
100 Boxart St Suite 2036	
Address	
Rochester, NY 14612	
City/State and Zip code	
marcmancuso@alliedalliancegroupinc.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Angela BUtera	at (952)	259-4236
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. Allied Alliance Group Inc
(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. 81-3808787
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/09/2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 100 Boxart St Suite 2036, Rochester, NY 14612
(Principal office street address)

Same
(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System

By: James M. Halpin James M. Halpin
(Registered agent's signature) Assistant Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Nicole M Mancuso
☐ Vice Chairman Address: 100 Boxart St Suite 2036
☒ Director Rochester, NY 14612
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Marc V Mancuso
☐ Vice Chairman Address: 100 Boxart St Suite 2036
☐ Director Rochester, NY 14612
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CEO/COO ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Angela Butera
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. Angela Butera
(Typed or printed name and capacity of person signing application)

State of New York
Department of State

} SS:

I hereby certify, that the Certificate of Incorporation of ALLIED ALLIANCE GROUP INC was filed on 09/09/2016, 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.

The Biennial Statement is past due.



2020 JUL 27 PM 3:26
GRIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of July two
thousand and twenty.

Brandon C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State