Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000018633 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Aaron Distributing, Inc.

Certificate of Status	0
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Page Count	05
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A SALY JAN 1 , III

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Aaron Distributing, Inc.			
	Name	of corporation	- must include suffix	
Dear Sir or M	fadam:			
"Certificate o	"Application by Foreign C of Existence," or "Certificate iced foreign corporation to be	e of Good Stand	ding" and check are subm	
Please return	all correspondence concern	ing this matter	to the following:	
Deborah E. Ka	alstek, Paralegal			
-		Name of	Person	
Hodgson Russ	LLP			
		Firm/Com	pany	
140 Pearl St.,	Ste. 100			
	···	Addre	SS	
Buffalo, NY 1	4202			
		City/State ar	nd Zip code	
moleshansky@	sales.ashleyfumiture.com			
	E-mail addres	s: (to be used f	or future annual report no	otification)
For further in	formation concerning this r	natter, please c	all:	
Deborah E. Ka	alstek, Paralegal	at (716	848-1371	
Nam	ne of Person	Area Code	Daytime Teleph	one Number
Regis Divis The C 2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING AI Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ection rporations
	check for the following am heck payable to: FLORIDA D ling Fee	EPARTMENT ng Fee &	OF STATE] \$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.

	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	_
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida	<u> </u>
New York	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	_
August 24, 198	,		
(Date	of incorporation)	(Date of duration, if other than perpetual)	_
6946 Dorset Cou	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 rt, Lakewood Ranch, FL 34202		
	(Principal office	street address)	_
		1 7* (202
	(Current mailing a	ddress, if different)	، سند سي
Name and stree	et address of Florida registered agent: (P.O. E Marc Oleshansky	Box NOT acceptable)	HO AT RUL
ffice Address:	6946 Dorset Court		5; 2; 5; 2;
	Lakewood Ranch	, Florida 34202	n o
	(City)	(Zip code)	

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.

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:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	6946 Dorset Court	□Director				
■ President	Lakewood Ranch, FL 34202	□President				
□Vice President		□Vice President				
Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other	□Other □			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		☐President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer			
Other	Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
☐ President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other	Other			
	Use an attachment of report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual R				
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. Marc Oleshansky						
(Typed or printed name and capacity of person signing application)						

State of New York Department of State 3 ss

I hereby certify, that the Certificate of Incorporation of AARON DISTRIBUTING, INC. was filed on 08/24/1989, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of January two thousand and twenty-one.

Braden C Hydra

Brendan C. Hughes
Executive Deputy Secretary of State

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