## F2100004430

(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:					
Recht 21					

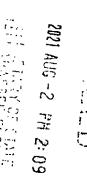




300363981443

04/15/21--01016--029 \*\*70.00

05/19/21--01018--008 \*\*150.00



AUG - 4 2021 M. SOLOMON

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
	Authors A.I. Juc.			
SUBJ	IECT:			
		e of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certifica referenced foreign corporation to	te of Good Stan	ding" and check are sub	
	return all correspondence concer la Bracciale	ming this matter	to the following:	
		Name of	Person	
Autho	rs A.I.Jnc,			
	·	Firm/Con	npany	
1622 5	Stevens Ave			
		Addre	288	
Orland	lo, Florida 32806			
		City/State a	nd Zip code	
a@bin	gebooks.com			
	E-mail addre	ss: (to be used f	for future annual report	notification)
For fu	rther information concerning this	matter, please c	all:	
Carnel	lla Bracciale		464-6477	
-	N CD	_ at (	) e	dama Mambag
	Name of Person	Area Cod	e Daytime reiej	onone 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	
Please	sed is a check for the following armake check payable to: FLORIDA 0.00 Filing Fee  \$78.75 Fil Certificate	DEPARTMENT ing Fee &	OF STATE  3 \$78.75 Filing Fee & Certified Copy	S87.50 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. AUTHORS ALJING, i. (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) 84-3991799 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 1/1/2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1622 Stevens Ave, Orlando Florida 32806 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Carnella Bracciate Name: 3314 Riviera Drive Office Address: Key West (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

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.

'A, DIRECTORS'	Joseph Lasica		Matthew Jockers
<b>■</b> Chairman 3	Name:	□Chairman	Name: 5112 Robinson Park Road
	Address:	□ Vice Chairman	Address:
□Director _	Pleasanton, CA 94588	□Director	Moscow, ID 83843
[[President	- W.	□President	
□Vice President _		□Vice President	
□Secretary	Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
∐Vice Chairman /	Carnella Bracciale Name:	□Chairman □Vice Chairman □Director	Name:Address:
■President _	<u> </u>	□President	
□Vice President _		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	
□Chairman : □Vice Chairman : □Director : □President :	Name:	□Chairman □Vice Chairman □Director □President	Name:
☐ Vice President _		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
The officer or directe she is aware that fals s.817.155, F.S.	se an attachment to report more than six (6). The attachded to the index when filing your Florida Department Signature of Director of Signature of Director of signing this document (and who is listed in number information submitted in a document to the Department of the Department	nt of State Annual Re r Officer r 11 above) affirms th ment of State constitu	at the facts stated herein are true and that he or

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AUTHORS A.I., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTHORS A.I.,
INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203578132

Date: 07-01-21



July 20, 2021

CARNELLA BRACCIALE AUTHORS A.I. INC. 1622 STEVENS AVE ORLANDO, FL 32806

SUBJECT: AUTHORS A.I. INC. Ref. Number: W21000061784

We have received your document for AUTHORS A.I. INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 621A00016788

Mel Solomon Senior Section Administrator

2012



May 5, 2021

CARNELLA BRACCIALE AUTHORS A.I. INC. 1622 STEVENS AVE ORLANDO, FL 32806

SUBJECT: AUTHORS A.I. INC. Ref. Number: W21000061784

We have received your document for AUTHORS A.I. INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 521A00009417

RECEIVED

Received 5/8/21