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SECRETARY OF STATE

## **COVER LETTER**

<b>FO:</b> Registration Section Division of Corporations			
SUBJECT: Aaron and Company, Inc.			
Nan	ne of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to	ate of Good Standi	ng" and check are subting	Business in Florida," ited to register the
Please return all correspondence conce	erning this matter to	o the following:	
Scott P Borsack			
	Name of Po	erson	
Szaferman Lakind Blumstein & Blader, F	rC C		
	Firm/Comp	any	
101 Grovers Mill Road Suite 200			
	Addres	ss	
Lawrenceville, NJ 08648		_	
	City/State an	d Zip code	
sborsack@szaferman.com			
E-mail add	lress: (to be used fo	or future annual report not	infication)
For further information concerning th	is matter, please ca	all:	
Scott P Borsack	at (	779-6543	
Name of Person	Area Code		one Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	A DEPARTMENT	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.

Aaron and Comp			
	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	' "COMPANY," "CORPORATIO!	٧,"
•	oany (Florida), Inc.		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transactir	ig business in Florida)
New Jersey	3.		
(State or country	, , , , ,	(FEI number, if ap	oplicable)
4. 07/15/1962	5.	perpetual	
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
6. No business tran	sacted as of this date		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)
7. 30 Tumer Place, I	Piscataway, NJ 08855		
	(Principal offi	ce street address)	
	(Current mailir	ng address, if different)	
8 Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	Michael Laudino		FILED IN PH 2: 2 RECRETARY OF STA
Office Address:	1918 Mustique Street		
	Naples	, Florida 34120 (Zip code)	SSS F M
	(City)	(Zip code)	The R
designated in this further agree to c	ned as registered agent and to accept serving application, I hereby accept the appoints comply with the provisions of all statutes to with and accept the obligations of my positions.	nent as registerea agent ana agr relative to the proper and comple	ed corporation at the place ree to act in this capacity. I
	M(C)		

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	Paul Martino		Barry Portnoy		
□ Chairman	Name:	<b>≣</b> Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: Post Office Box 8310		
□Director	Post Office Box 8310	Director			
President	Piscataway, NJ 08855	President	Piscataway, NJ 08855		
□Vice President		□Vice President			
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer		
Other		Other	Other		
□Chairman	Michael Laudino	□Chairman	Name:		
	30 Turner Place	□Vice Chairman	Address:		
	Post Office Box 8310	□Director			
☐Director ☐President	Piscataway, NJ 08855	□President			
■Vice President		□Vice President			
Secretary	□Treasurer	Secretary	□Treasurer		
Other	Other	Other	Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman		□Vice Chairman	Address:		
		☐Director			
□Director		□ President			
□President		□Vice President			
□Vice President		_			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other	Other	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. 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.

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

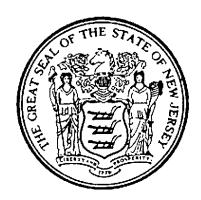
AARON AND COMPANY, INC. 1004601000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 15, 1932.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

BARRY PORTNOY 30 TURNER PLACE P.O. BOX 8310 PISCATAWAY, NJ 08855



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of February, 2022

Elizabeth Maher Muoio State Treasurer

duk on Mun

Certificate Number: 6128375586