

F22000005600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

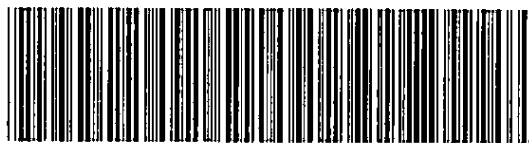
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP -2 PM 2:24
TALLAHASSEE, FLORIDA

T. LEMIEUX
SEP -7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

COPY

SUBJECT: NNANNAS CORPORATION

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:

JACK M. KAHRNOFF

Name of Person

BEACH ACCOUNTING & TAX SERVICE, INC.

Firm/Company

17274 SAN CARLOS BLVD # 202

Address

FORT MYERS BEACH, FL 33931

City/State and Zip code

JMK@BEACHTAX1.COM

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

For further information concerning this matter, please call:

JACK M. KAHRNOFF

at (239) 466-6800

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. NNANNAS CORPORATION
(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 JERSEY 3. 472807366
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 07/15/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 17274 SAN CARLOS BLVD # 202, FORT MYERS BEACH, FL 33931
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: BEACH ACCOUNTING & TAX SERVICE, IN

Office Address: 17274 SAN CARLOS BLVD # 202

FORT MYERS BEACH, Florida 33931
(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.

FILED
2022 SEP - 2 PM 2: 24
CLERK OF THE COURT
STATE OF FLORIDA

A. DIRECTORS

☐ Chairman Name: CARLEMITO CARVALHO JR
☐ Vice Chairman Address: 1866 CONCORDIA LAKE CIR
☐ Director UNIT 507
☒ President CAPE CORAL, FL 33909
☐ 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 _____

☐ 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. 
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. CARLEMITO CARVALHO JR
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

NNANNAS CORPORATION
0400716340

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 January 15, 2015.

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:

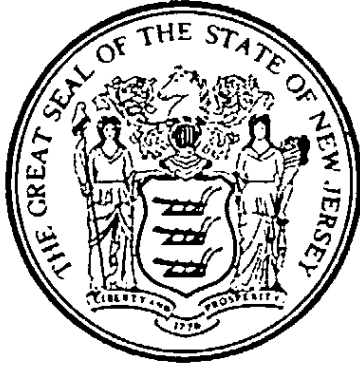
CARLEMITO CARVALHO JR
88 GORDON STREET
RIDGEFIELD PARK, NJ 07660

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

AMENDMENT	04/08/2016
REVOKED FOR FAILURE TO PAY ANNUAL REPORTS	08/16/2018
CHANGE OF AGENT AND OFFICE	10/23/2018
REINSTATEMENT PROCESS PENDING	10/23/2018
REINSTATED (ANNUAL REPORTS)	12/13/2018
Annual Report Filing with address change	02/27/2021
Annual Report filing with officer/member change	02/27/2021
AMENDMENT	07/07/2021
CHANGE OF AGENT AND OFFICE	08/25/2021

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

NNANNAS CORPORATION
0400716340



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
26th day of July, 2022*

Elizabeth Maher Muoio

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6134240129

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp