## F23000000908

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800398939978

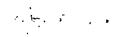
12/19/22--01034--001 \*\*70.00



ETT 11 (573)

## **COVER LETTER**

TO:	Registration Section Division of Corpo				
SUBJ	ECT:	AAA CORPO	DRATIC	NC	
		Name of corporat	ion - mu	ist include suffix	
Dear S	ir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good S orporation to transact bus	itanding	" and check are submi	Business in Florida," tted to register the
Please	return all correspon	dence concerning this ma	tter to th	e following:	
		LAURENCE	EKRA	<b>KOW</b>	
		Name	of Perso	on	
		CORPORA	TIONS	4LESS	
_		Firm/C	ompany		
		1825 NW CORPOR	RATE B	SLVD SUITE 110	
	•	Ac	ldress		
		BOCA RAT	ON, FL	_, 33431	
		City/Stat		<u> </u>	
		larrybank@	notma (	ail.com	
		E-mail address: (to be use	ed for fu	ture annual report noti	fication)
For fur	ther information cor	ncerning this matter, pleas	se call:		
	LAURENCE K	AYE at ( 301	)	300-7987	
	Name of Person	Area C	ode	Daytime Telephor	ne Number
	STREET/COURI Registration Section Division of Corpor The Centre of Talka 2415 N. Monroe St Talkahassee, FL 32	n ations ahassee treet, Suite 810		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please r		following amount: : FLORIDA DEPARTME  378.75 Filing Fee & Certificate of Status	□ \$78		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy





January 6, 2023

LAURENCE KRAKOW 1825 NW CORPORATE BLVD STE 110 BOCA RATON, FL 33431

SUBJECT: AAA CORPORATION Ref. Number: W23000001176

We have received your document for AAA CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

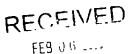
The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 423A00000408



## 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.

(Enter name of co	PORATION proporation; must include "	'INCORPORATED," "C	COMPANY,"	"CORPORATI	ON,"		<del></del>
	orp," "Inc," "Co," or "Cor 1949 Corpo ible in Florida, enter alter		oted for the pu	rpose of transac	eting busines	ss in Flor	ida)
_1	MN	3				<u></u>	
(State or country	MN y under the law of which	it is incorporated)		(FEI number, if	'applicable)		
0:	5/02/1949	5		<del></del>			
05/02/1949 5. (Date of incorporation) (Date of duration, if other than			er than perp	oetual)			
	(Date first (SEE SECTION	transacted business in Floris 607.1501 & 607.1502,	orida, if prior t F.S., to deterr	o registration) nine penalty lia	bility)		
	9947 C	herry Hills Ave Cir	Brandentor	ո, FL 34202		••••	
		(Principal office s	treet address)	<del>`</del>			
-		(Current mailing a	ddress, if diffe	rent)			
Name and street	et address of Florida reg	gistered agent: (P.O. E	lox <u>NOT</u> acc	eptable)	W.	202:	
Name:	LAURENCE KRA	AKOW	_			2023 FEB	
ffice Address:	1825 NW CORPC	DRATE BLVD SUIT	E 110		ŕ	<u> </u>	
	BOCA RATON		, Florida _	33431		IN AMII: 17	C.
	(C	City)		(Zip code)	13.	=	
Pagistared ag	ent's acceptance:				75.	17	
laving been namesignated in this curther agree to c	ent's acceptance: ned as registered agent s application, I hereby comply with the provisi r with and accept the o	t and to accept service accept the appointmentions of all statutes rela	of process fo it as register tive to the pr	r the above sto ed agent and o oper and com	ated corporated ac	ration a t in this	capacity
-		(Paristand avant's sive	oture)				
		(Registered agent's sign	ature)				

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: KRISTY M CESTERO	□Chairman	Name:	
□Vice Chairman	Address: 9947 Cherry Hills Ave Cir	□Vice Chairman	Address:	
□Director	Brandenton, FL 34202	□Director		
□President		□President		
□Vice President		□ Vice President		
☐ Secretary	☐ Treasurer	□Secretary		☐Treasurer
Other Chief Ex	ecutive Officer  Other	Other		Other
□Chairman	Name:	□Chairman	Name:	<del></del>
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President	<del></del>	President		
□Vice President		□ Vice President		·
□Secretary	Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		-
□Secretary	□Treasurer	Secretary		Treasurer
□Other	Other	Other	<u></u>	Other
Important Notice: Usindividuals may be	Ise an attachment to report more than six (6). The added to the index when filing your Florida Depart	attachment will be imaged tipent of State Amual Re	I for reporting port.	purposes only. Non-indexed
	Kran	ر ما الما الما الما الما الما الما الما		
· ····	Signature of Direct	or or Officer		
The officer or direct she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in nurse information submitted in a document to the De	mber 11 above) affirms the partment of State constitution	at the facts state tes a third degre	ed herein are true and that he or see felony as provided for in
13	KRISTY I	M CESTERO		

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

**AAA** Corporation

Date Filed:

05/02/1949

File Number:

J-246

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

11/14/2022

Steve Pimm



Steve Simon

Secretary of State State of Minnesota