F23000001137

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submess Entry Turne)
(Document Number)
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S. ROBERTS FEB 2 4 2023

COVER LETTER

TO:	Registration Division of O					
SUR	JECT:	A	AA CORPO	RATIO	N	
		Nam	ie of corporat	ion - mus	t include suffix	
Dear	Sir or Madam:					
"Cert	ificate of Existe		ate of Good S	tanding``	and check are subr	t Business in Florida," mitted to register the
Pleas	e return all corr	espondence conce	rning this mat	ter to the	following:	
		l	AURENCE	KRAK	DWWC	
			Name	of Person		
		(CORPORA	TIONS4	LESS	
			Firm/C	ompany		
		1825 NV	V CORPOR	ATE BL	VD SUITE 110	
			Ad	dress		
		1	BOCA RAT	ON, FL,	33431	
			City/Stat	e and Zip	code	
		12 11 11	larrybank@	<u>)hotmai</u>	l.com	
		E-mail addr	ess: (to be use	ed for futt	ire annual report n	otification)
For f	urther informati	on concerning this	matter, pleas	e call:		
					222 7227	
	LAUREN Name of Pe	CE KAYE	at (<u>301</u> Area C)	300-7987	vone Number
	name or re	ISOH	Alea C	oue	Daytime Teleph	ione Number
	Registration Division of C The Centre of	Corporations of Tallahassee nroe Street, Suite 8			MAILING Al Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection prporations
Please		for the following a table to: FLORIDA \$\Boxed{\Pi} \\$78.75 \ \text{Fi}	DEPARTME		FATE 75 Filing Fee &	☐ \$87.50 Filing Fee,
ال سب	rung r cc		e of Status		ified Copy	Certificate of Status &

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.

	RPORATION orporation: must include "INCORPORA	TED," "COMPANY," "CORPORATION."		
	orp." "Inc." "Co." or "Corp.")			
	949 CORPORATION			
		name adopted for the purpose of transacting busing		
	MN	rporated) (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporate	ed) (FEI number, if applicable	le)	
0	5/02/1949	5. (Date of duration, if other than po		
(Date	of incorporation)	(Date of duration, if other than po	erpetual)	
	(D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	in Clasia (Cada a calibratia)		
	(SEE SECTIONS 607.1501 &	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)		
	9947 Cherry Hills A	Ave Cir Brandenton, FL 34202		
		al office street address)		
	(Current	mailing address, if different)		
Name and stree	et address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	2022 F	
Name:	LAURENCE KRAKOW		•	
ffice Address:	21566 ARBOR WAY		-	
	BOCA RATON			
	BOCA RATON (City)	(Zip code)	 1Л	
Registered ag	ent's acceptance:	(Zip code)	153	
	•	service of process for the above stated corp	oration at the pl	
• •		pointment as registered agent and agree to a	•	
	omply with the provisions of all stati with and accept the obligations of i	utes relative to the proper and complete perj ny position as revistered avent.	formance of my	
u i um jaminu	The sound and accept the obtained by the	ny position as registeren agent.		
_	(Registered age	nt'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				
□Chairman	Name: KRISTY M CESTE	RO □Chairman	Name:	
□Vice Chairman	Address: 9947 Cherry Hills A	Ave Cir	Address:	
□ Director		En:		
□President				
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
√ Other Chief Ex	ecutive Officer	Other		□Other
□ Chairman	Name:		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:		Address:	
□Director		Director		
□President		President		
□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		Other
Important Notice: Individuals may be	Use an attachment to report more than added to the index when tiling your.	n six (6). The attachment will be imaged Florida Department of State Annual Re	I for reporting pu port form.	rposes only. Non-indexed
12	Ulh	11/		
	Signa	nture of Director or Officer		
		is listed in number 11 above) affirms the nent to the Department of State constitu		
13		KRISTY M CESTERO	<u>-</u>	

Office of the Minnesota Secretary of State Certificate of Good Standing

1, 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.

AAA Corporation Name:

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