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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations	5			
SUBJECT: Audio-Visuals Action	ons, Inc.			
Sobsticit.	Name of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fe "Certificate of Existence," or "Cabove referenced foreign corpora	ertificate of Good Standi	ng" and check are subm		
Please return all correspondence	concerning this matter to	the following:		
Mohamed Elhajjam				
	Name of Po	erson		
Audio-Visuals Actions, Inc.				
	Firm/Comp	ıny		
3905 Wheeler Avenue				
	Address	3		
Alexandria, VA 22304			•	
	City/State and	Zip code		
Avactions@gmail.com				
E-ma	l address: (to be used for	future annual report no	tification)	
For further information concerni	ng this matter, please cal	l:		
Debi Steinbacher	at (540)) 729 2049 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ORIDA DEPARTMENT (8.75 Filing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

TAPPLICATION 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.

Audio-Visuals	Actions, Inc.			
	corporation; must include "INCORPORATED," * Corp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"	,	
(If name unava	ilable in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	business in Florida)	
Virginia 2.	3			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. August 21,200	02			
(Da	te of incorporation) 5.	(Date of duration, if other tha	(Date of duration, if other than perpetual)	
6.				
10501 S Orange	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Avenue, Suite 106, Orlando FL 32824)	
1	(Principal office	street address)		
3905 Wheeler	Avenue, Alexandria, Va. 22304			
· · · · · · · · · · · · · · · · · · ·	(Current mailing a	iddress, if different)	20°	
8. Name and str	cet address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)		
Name:	Alwyn Walker		-	
Office Address:	10501 S. Orange Avenue, Suite 106		? ;	
	Orlando	, Florida 32824	15	
	(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.

A. DIRECTORS						
□Chairman	Name: Mohamed Elhajjam	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Alexandria, VA 22303	□Director	·			
⊠ President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other	Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President	·			
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	Treasurer			
Other		□Other	Other			
Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President	an order			
□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.

Mohamed Elhajjam, President

Commonwealth & Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Audio-Visuals Actions, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 21, 2002;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

February 28, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023022818428991