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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: AAIC inc.			
		of corporation	- must include suffix	
Dear S	ir or Madam:			
Certil	iclosed "Application by Foreign Co Teate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stan	ding" and check are submitte	usiness in Florida," and to register the
Please	return all correspondence concerni	ng this matter	to the following:	
	. Morris, Principal		Ç	
		Name of	Person	
AAI	C inc.			
		Firm/Com	pany	
No.	1 Design Mesa			
		Addro	ess	
Coll	insville, IL 62234			
		City/State a	nd Zip code	
emo	rris@aaicinc.com			
_	E-mail address:	(to be used f	or future annual report notific	cation)
For fur	ther information concerning this ma	atter, please c	all:	
L. E	. Morris	_{ar /} 618	345-1270 ext. 2	205
_	Name of Person	Area Code	_/	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	S:	MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32	n ations
Please 1	ed is a check for the following amornake check payable to: FLORIDA DE .00 Filing Fee	PARTMENT g Fee & □		\$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.

(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
, Illinois		37-1262864	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. April 30,	1990 5,		
(Date	of incorporation)	(Date of duration. if other than perpetual)	
6			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 No. 1 Des	ign Mesa, Collinsville, IL 622		
·		fice street address)	
	(Current maili	ng address, if different)	
9. Mama and atm	nt addana of Florida na iona ad a compa		
o. Name and <u>stre</u>	et address of Florida registered agent: (P.	i 1	
Name:	Registered Agents Inc	— 33702 33702	
Office Address:	7901 4th St N STE 300	<u> </u>	
	St. Petersburg	Florida 33702	
	(City)	(Zip code)	
9. Registered ag	ent's acceptance:		
.,	ned as registered agent and to accept serv	ice of process for the above stated corporation at the plac	
riaving been nun	s application, I hereby accept the appoint	ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my du	
designated in this	comply with the provisions of all statutes i		
designated in this further agree to c	comply with the provisions of all statutes i r with and accept the obligations of my po	osition as registered agent.	
designated in this further agree to c	comply with the provisions of all statutes in with and accept the obligations of my poly-	osition as registered agent.	
designated in this further agree to c	romply with the provisions of all statutes in with and accept the obligations of my polycles. Dalid Roserts	osition as registered agent.	

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: Lossie Erin Morris	□Chairman	Name: Grant D. Ramsey
□Vice Chairman	Address: 110 Hillside Court	□ Vice Chairman	Address: 1125 Creekside Ct.
□Director	Collinsville, IL 62234	□Director	O'Fallon, IL 62269
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☑Treasurer
□Other	Other	□Other	Other
□Chairman	Name: Calvin C. Morris	□ Chairman	Name:
□Vice Chairman	Address: 55 Santa Anita	□Vice Chairman	Address:
□Director	Maryville, IL 62062	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
□Chairman	Name: Chad J. Morris	□ Chairman	Name:
□Vice Chairman	Address: 231 Circle Drive		Address:
□Director	Edwardsville, IL 62025	□Director	
□President		□President	
□Vice President		□Vice President	
☑ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	Other	Other
Important Notice: Usindividuals may be	Jse an attachment or report more than six (6). The added to the index when filing your Florida Dep Signature of Directions of the control of	artment of State Annual Re	f for reporting purposes only. Non-indexed port form.

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.

B. L. E. Morris, President

File Number

5594-272-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

AAIC, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 30, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JANUARY A.D. 2024.

Authentication #: 2401102064 verifiable until 01/11/2025

Authenticate at: https://www.ilsos.gov

Alexi Sianum.
SECRETARY OF STATE