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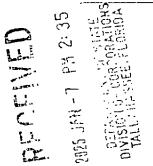
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# FOREIGN PROFIT/NONPROFIT CORPORATION A. ACCARDI ENTERPRISES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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K. SALY

7 2025

# 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.

A. ACCARDI ENTERPRISES, INC.

l .	mirkings, inc.			
	orporation: must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name annual)	able in Elecida, outer alternata corporate name	adopted for the purpose of transacting business in Florida)		
NEW YORK	able in Florida, enter alternate corporate name	20-4530646		
(State or country under the law of which it is incorporated		_ 3		
03/13/2006	,	.,		
	5. of incorporation)	(Date of duration, if other than perpetual)		
	of memporation,	(Sate B. Calanon, 7 Const. Const. Properties,		
5	(Date first transacted business i	n Florida, if prior to registration)		
		502, F.S., to determine penalty liability)		
2641 SOUTHAR	D AVE. OCEANSIDE, NY 11572			
•		ice street address)		
2641 SOUTHAR	D AVE, OCEANSIDE, NY 11572			
-	(Current maili)	ng address, if different)		
		2025		
8. Name and <u>stree</u>	et address of Florida registered agent: (P.C	O. Box NOT acceptable)		
Name:	ANTHONY ACCARDI			
Office Address:	7754 OKEECHOBEE BLVD.			
	WEST PALM BEACH	Florida 33411		
		, Florida		

## 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.

(Zip code)

/s/ ANTHONY ACCARDI

(City)

(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	ANTHONY ACCARDI	Chairman	Name:				
□Vice Chairman	Address: 2641 SOUTHARD AVE.	□Vice Chairman	Address:				
□Director	OCEANSIDE, NY 11572	□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	- 3				
☐ Secretary	□Treasurer	□Secretary	Treasurer 2				
□Other	Other	□Other	* <i>n</i>				
□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	□Other				
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmenty ACCARDI						
Signature of Director or Officer							
The officer or direct she is aware that fars, 817,155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Departm	11 above) affirms the ment of State constitu	at the facts stated herein are true and that he or ites a third degree felony as provided for in				

13. ANTHONY ACCARDI. PRESIDENT

(Typed or printed name and capacity of person signing application)

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#### STATE OF NEW YORK

## DEPARTMENT OF STATE

#### Certificate of Status

I. WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: A. ACCARDI ENTERPRISES, INC.

**DOS 1D Number:** 3332937

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/13/2006
Statement Status: CURRENT

Statement Due Date: 03/31/2026

1 certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** CERTIFICATE OF INCORPORATION

**Date of Filing:** 03/13/2006

Entity Name: A. ACCARDI ENTERPRISES, INC.

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 02/05/2013

 Effective Date:
 03/01/2012

Document Type: BIENNIAL STATEMENT

**Date of Filing:** 12/03/2024

FILED PH 5: 26



Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 07, 2025 at 01:28 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Heyles

BRENDAN C. HUGHES Executive Deputy Secretary of State

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