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

Certificate of Status	1
Certified Copy	0
Page Count	05
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K. SALY

JAN 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.

1. A, ACCARDI ENTERPRISES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 20-4530646
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/13/2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2641 SOUTHARD AVE. OCEANSIDE, NY 11572
(Principal office street address)
2641 SOUTHARD AVE. OCEANSIDE, NY 11572
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANTHONY ACCARDI
Office Address: 7754 OKEECHOBEE BLVD.
WEST PALM BEACH, Florida 33411
(City) (Zip code)

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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.

/s/ ANTHONY ACCARDI

(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.

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: ANTHONY ACCARDI

Vice Chairman Address: 2641 SOUTHARD AVE.

Director OCEANSIDE, NY 11572

President

Vice President

Secretary Treasurer

Other Other

Chairman Name: _____

Vice Chairman Address: _____

Director

President

Vice President

Secretary Treasurer

Other Other

Chairman Name: _____

Vice Chairman Address: _____

Director

President

Vice President

Secretary Treasurer

Other Other

Chairman Name: _____

Vice Chairman Address: _____

Director

President

Vice President

Secretary Treasurer

Other Other

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 TALLAHASSEE, FLORIDA

Chairman Name: _____

Vice Chairman Address: _____

Director

President

Vice President

Secretary Treasurer

Other Other

Chairman Name: _____

Vice Chairman Address: _____

Director

President

Vice President

Secretary Treasurer

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. /s/ ANTHONY ACCARDI

 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.

13. ANTHONY ACCARDI, PRESIDENT

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

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 ID 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

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 STATE DEPARTMENT OF STATE
 HALLMARKSPT. CT. ORLD.

I 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

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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

Brendan C. Hughes

BRENDAN C. HUGHES
 Executive Deputy Secretary of State

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