Anthony Req 2448 N. W. Boca Ra- City/State/2	Orcinal a uestor's Name 62rd Street Address tan Fl 33496 ip Phone #	Office Use Only	56
CORPORATION N	IAME(S) & DOCUMENT NUM	IBER(S), (if known):	
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4	ration Name) (D	ocument #)	<u></u>
Mail out	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directory Change of Registered Agent Dissolution/Withdrawal Merger	Minerarei I	SECRETARY OF STATE & TO
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other		- • 1

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Certificite of Rearlation 3/31/ Jo Mike Map enderstand that the Name AEO INC so and available in Floredee. I week wish adolet the Name AEO INC of Texas to to breaver in Floreds

ANThopy ORCINOLO

APPLICATION BY FOREIGN CORPORATION FOR AUTHURIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBM'TTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instruction of a natural person or partnership if not so contained in the name at present.)	
2. STATE of TEXAS (State or country under the law of which it is incorporated) FEI number, if applications are supplied to the supplied of the supplied to t	
6. Upon HPP FOUAL (Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.155, F.S. 7. C., C.I.S., PIZZA. 8.2.5.3. SUNSET STOP SUNTSE FL. 33322	DIV _S
8. PIZZA ResTUTANT (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	FILED FILED STAT
9. Name and street address of Florida registered agents Name:	ONS

10. Registered agent 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) (Officer)

ReSIDENT

nan:	
SS:	
Chairman:	
SS:	
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or:	
SS:	
	
OF:	
SS:	
FFICERS (Street address only - P.O. Box NOT acceptable)	
ent: ANTHONY ORCINOLO ss: 2448 N/W 62NOSTreeT	98 SE
ss: 2448 N/W 62NOSTreet	PR
BOCA RATON FL. 33496	
resident:	8 3 S
SS:	03 15
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ary: Jose phine (recivalo	
s: 2448-N/W-62 5 reet.	
BACA RATON FL. 33496	
rer:	-
ss:	·····
E: If necessary, you may attach an addendum to the application listing additional officers and/or dis	rectors.
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Texas Comptroller of Public Accounts

JOHN SHARP · COMPTROLLER · AUSTIN, TEXAS 78774

MARCH 23, 1998

A-E-O INC 2448 NW 62ND ST BOCA RATON, FL 33496-3629

CERTIFICATION OF ACCOUNT STATUS

THE STATE OF TEXAS

COUNTY OF TRAVIS

I, John Sharp, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office,

A-E-O INC

is, as of this date, in good standing with this office having no franchise tax reports or payments due at this time.

This certificate is valid through the date that the next franchise tax report will be due, May 15, 1998.

This certificate is valid for the purpose of conversion when the converted entity is subject to franchise tax as required by law.

This certificate is not valid for the purpose of dissolution, merger or withdrawal.

GIVEN UNDER MY HAND AND SEAL OF OFFICE in the City of Austin, this 23rd day of March , 1998 A.D.

JOHN SHARP

Comptroller of Public Accounts

Charter/C.O.A. number: 01196019-0