F9900003743

TRANSMITTAL LETTER To: Registration Section Division of Corporations SUBJECT: Accessories Not Included (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Water Willow Avenue 400002938084 Should you need to call someone concerning this matter, please call: ****120.00 at (941) 751-0430 (Area Code & Daytime Telephone Number) Availability Document STREET ADDRESS: **MAILING ADDRESS:** Examiner **U**pdater Registration Section COPY Registration Section Division of Corporations Updater Division of Corporations R. AGENT. 409 E. Gaines St. Varifyer P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 BALANCE DUL Asknowledgement **PEFUND \$** Enclosed is a check for the following amount: ▼ \$70.00 Filing Fee □ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ■ \$87.50 Filing Fee, Certificate of Status Certified Copy 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. 1. Accessories Not Included, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated)

3. 52-2066489

(FEI number, if applicable) 4. 12/4/98
5. Perpetual
(Date of incorporation)
(Duration: Year corp. will cease to exist or "perpetual") 6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. a. 11414 Water Willow Avenue, Bradenton, FL 34202
(Principal office address)

b. P.O. Box 21033 Bradenton, FL 34204-1033
(Current mailing address) 8. Moving
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: K.C. WALENSKY

Office Address: 16~6 BARBER (CoA)

SARASORA , Florida 34246
(Zip code) 10. 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)

11. 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Dispostant
Director:
Address:
B. OFFICERS
President: Edward M. Levin
Address: 11414 Water Willow Avenue
Bradenton, FL 34202
Vice President:
Address:
Secretary: Terri A. Levin
Address: 11414 Water Willow Avenue Bradenton, FL 34202
Bradenton, FL 34202
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Edward M. Lei President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Edward M. Levin President (Typed or printed name and capacity of person signing application)
(x) has or himsen name and anhaout or harson assums abhucanout)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCESSORIES NOT INCLUDED, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 12, 1999.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000152559
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097