

A large, abstract, black and white image showing a dense, textured surface, possibly a close-up of a material or a microscopic view. The texture is highly irregular, with many small, dark, elongated shapes that resemble fibers or cells. The overall appearance is that of a complex, organic structure, possibly a biological tissue or a synthetic material. The image is oriented horizontally and occupies the upper half of the page.

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Office Use Only

2016 OCT 24 PM 2:15

[illegible]

10/26/16

Daniel Niefeld

October 20, 2016

9400 NW 4<sup>th</sup> St.

Pembroke Pines, FL 33024

[Ajngroup15@gmail.com](mailto:Ajngroup15@gmail.com)

754-301-1590

Department of State

Division of Corporations

PO BOX 6327

Tallahassee, FL 32314

850-245-6052

**Subject: Release FL Corporation Name AJN Group Inc. Document Number P15000091121**

To Whom It May Concern:

We do not have any intentions of renewing FL Corporation, AJN Group Inc. Document Number P15000091121.

Please release the FL Corporation name AJN Group Inc.

Regards,

Daniel Niefeld

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: AJN Group Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Daniel Niefeld  
Name (Printed or typed)

9400 NW 4<sup>th</sup> St.  
Address

Pembroke Pines, FL 33024  
City, State & Zip

754 - 301 - 1590  
Daytime Telephone number

ajn group 15 @ gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: AJN Group Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9400 NW 4th St.  
Pembroke Pines FL 33024

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Product Sales online

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Daniel Niefeld, President</u>	Name and Title:	<u>Bruce Niefeld, V. P.</u>
Address	<u>9400 NW 4th St</u> <u>Pembroke Pines, FL</u> <u>33024</u>	Address:	<u>9400 NW 4th St</u> <u>Pembroke Pines, FL</u> <u>33024</u>

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Daniel Niefeld

Address: 9400 NW 4th St  
Pembroke Pines, FL, 33024

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Daniel Niefeld

Address: 9400 NW 4th St  
Pembroke Pines, FL 33024

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Daniel Niefeld

Required Signature/Registered Agent

10-20-16

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Daniel Niefeld

Required Signature/Incorporator

10-20-16

Date

2016 OCT 24 PM 2:15