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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	
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Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: The Debiarno GI	ROUP, INC.
(Name of corporat	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matte	er to the following:
ANTHONY ANDRNO	
ANTHONY ADORNO	of Person)
THE DEGARMO GRAD	Company)
(Firm/C	company)
101 N. MAIN	STREET dress)
(Ad	dress)
BLOOMWHTON,	IL 61701
(City/State	and Zip code)
For further information concerning this matter, please	call:
ANTHONY ADORN D at (866	1433-4276 x214
(Name of Person) at (866)	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Division of Corporations APR 11 PM 2: 55

March 15, 2006

DEFAMINMENT OF STATE JIVISION OF CORPORATIONS TALLAMASSEE FLORIDA

ANTHONY ADORNO 101 N MAIN STREET BLOOMINGTON, IL 61701

SUBJECT: THE DEGARMO GROUP, INC.

Ref. Number: W06000012423

We have received your document for THE DEGARMO GROUP, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist

Letter Number: 706A00017732

## 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. THE DEGARMO GROVA, 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. <u>TLLINOIS</u> 3. <u>37-1388/87</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. / / / / / / / / / / / / / / / / / / /
SAME AS ABOVE
(Current mailing address)
DATE DID READING
8
±0 8 mg
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: ANTHONY ADDRNO
22 24 14 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Office Address: 3204 HANKS RIDGE DR.  LAKELAND Florida 33810 (City) (Zip code)
LAKELAND , Florida 33810 FG 9 5
(City) (Zip code) 5
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 and the second s Chairman: Vice Chairman: \_\_ Address: Director: Address: Director: Address: **B. OFFICERS** President: JOHN F. BINNING Address: 2/16 5. MORRIS AVENUE BIOOMNGTON, IL 61702 Vice President: MTHOWY ADORNO HAWKS PIOGE DRIVE ZAND FL 335/0 HORIZON DRIVE NEST, ST. CHARLES, IL 6017 Treasurer: \_\_\_\_ Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Dijector or Officer listed in number 12 of the application) ANTHONY HORNO, VICEPRESIDENT

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

27TH

day of FEBRUARY A.D. 2006.

Desse White

SECRETARY OF STATE