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(Requestor's Name)
(Address)
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(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: New Filing Section Division of Compositions
SUBJECT: Wah Clipper Corporation
(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: Melissa Woessner
Wahl Clipper Corporation (Firm/Company)
2900 North Locust Street P.O. Box 578
Sterling, Illinois 61081 (City/State and Zip code)
For further information concerning this matter, please call:
Me lissa Woessner at (815) 548 - 8304 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee Certificate of Status S78.75 Filing Fee & Certified Copy S78.75 Filing Fee, Certified Copy 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.

(If name unavail	able in Florida, enter alternate corporate	name	adopted for the purpose of transacting business in Florida
Illinois		3	36-1922730
	under the law of which it is incorporate		(FEI number, if applicable)
1919		5.	
-47	of incorporation)		(Duration: Year corp. will cease to exist or perpetual"
			Florida, if prior to registration) 602, F.S., to determine penalty liability)
2900 North Loc	ust Street Sterling, IL 61081		
	(Principal offi	ce addr	ress)
P.O. Box 578 S	Sterling, IL 61081		
	(Current maili	ng addı	ress)
Sales of hair cl	ippers & trimmers		
		e or co	untry to be carried out in state of Florida)
Name and stray	ot address of Florida assistant decad	. (D.O	D. Box NOT acceptable)
Name and Street	et address of Florida registered agent	: (P.O	
Name:	Your Capital Connection, Inc.		
	417 E. Virginia St. Ste 1		
ffice Address:			— Fig. M
office Address:	Tallahaeeaa		
ffice Address:	Tallahassee (City)		Florida 32301 Turi
ffice Address:	Tallahassee (City)		(Zip code)
). Registered ag	(City) gent's acceptance:		(Zip code)
). Registered ag	(City) gent's acceptance: ned as registered agent and to accept	'servic	(Zip code)
). Registered ag aving been nam signated in this	(City) gent's acceptance: ed as registered agent and to accept application, I hereby accept the ap	pointm	(Zip code) (Zip code) (Zip code) (Zip code) (Zip code) (Zip code)
). Registered ag aving been nam ssignated in this orther agree to co	(City) gent's acceptance: ed as registered agent and to accept application, I hereby accept the application, of all states omply with the provisions of all states.	pointm utes re	(Zip code)
). Registered ag aving been nam esignated in this arther agree to co	(City) gent's acceptance: ed as registered agent and to accept application, I hereby accept the ap	pointm utes re	(Zip code)
). Registered ag aving been nam esignated in this arther agree to co	(City) gent's acceptance: ed as registered agent and to accept application, I hereby accept the application, of all state with and accept the obligations of a	pointm utes re my pos	(Zip code)
). Registered ag aving been nam esignated in this arther agree to co	(City) gent's acceptance: ed as registered agent and to accept application, I hereby accept the application, of all state with and accept the obligations of a	pointm utes re my pos	(Zip code)
0. Registered ag aving been nam esignated in this arther agree to co	(City) gent's acceptance: ed as registered agent and to accept application, I hereby accept the application, of all state with and accept the obligations of a	pointm utes re my pos	Ce of process for the above stated corporation and agree to act in this elative to the proper and complete performance sition as registered agent.

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.

A. DIRECTORS
Chairman: Gregory S. Wah
Address: 2900 North Locust Street Steeling, IL
) 6/08
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Gregory S. Wah
Address: 2900 North Locust Street
Sterling, IL 6/08/
Vice President: James O. Wahl
Address: 2900 North Locust Street
Sterling, IL 61081
Secretary: Donna & Rosenthal
Address: 2900 North Locust St. Sterling, IL 6/08/
Treasurer: Scott Hamilton
Address: 2900 North Laust Street Sterling, IL 6/08/
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Director or Officer listed in number 12 of the application)
14. Scott Hamilton
(Typed or printed name and capacity of person signing application)

File Number

1737-707-8



To all to whom these Presents Shall Come, Greeting:

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

WAHL CLIPPER CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 02, 1924, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS



Authentication #: 1017901372

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of JUNE

A.D.

2010

esse White

SECRETARY OF STATE