

A600004927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

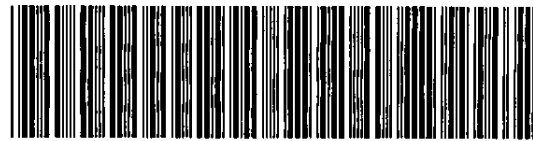
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/16--01032--017 **78.75

FILED
16 OCT 31 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
NOV 2 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2016

REGISTERED AGENTS INC
3030 N ROCKY POINT DR STE. 150A
TAMPA, FL 33607

SUBJECT: SYED BROKERAGE & CAPITAL CO.
Ref. Number: W16000068747

RECEIVED
2016 OCT 31 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SYED BROKERAGE & CAPITAL CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 916A00021581

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
SYED BROKERAGE & CAPITAL CO.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:
MANAGER

Name of Person
REGISTERED AGENTS INC.

Firm/Company
3030 N ROCKY POINT DR. STE. 150A

Address
TAMPA, FLORIDA 33607

City/State and Zip code
INFO@SYEDBROKERAGE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMIM AMINI 224 548-8400

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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 & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**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.*

SYED BROKERAGE & CAPITAL CO.

1. _____
(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)
ILLINOIS 46-4211095

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/21/2013 N/A

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
21720 W LONG GROVE RD, SUITE C-232, DEER PARK, IL 60010

7. _____
(Principal office address)
SAME AS ABOVE

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(City) (Zip code)

9. 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.



Bill Havre/Secretary/Registered Agents Inc.

(Registered agent's signature)

10. 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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

MEHMOOD H SYED

Chairman:

21720 W LONG GROVE RD, SUITE C-232

Address:

DEER PARK, IL 60010

NONE

Vice Chairman:

N/A

Address:

MEHMOOD H SYED

Director:

21720 W LONG GROVE RD. SUITE C-232, DEER PARK, IL 60010

Address:

Director:

Address:

B. OFFICERS

MEHMOOD H SYED

President:

21720 W LONG GROVE RD. SUITE C-232, DEER PARK, IL 60010

Address:

MEHMOOD H SYED

Vice President:

21720 W LONG GROVE RD, SUITE C-232, DEER PARK, IL 60010

Address:

MEHMOOD H SYED

Secretary:

21720 W LONG GROVE RD, SUITE C-232, DEER PARK, IL 60010

Address:

NONE

Treasurer:

N/A

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

Signature of Director or Officer

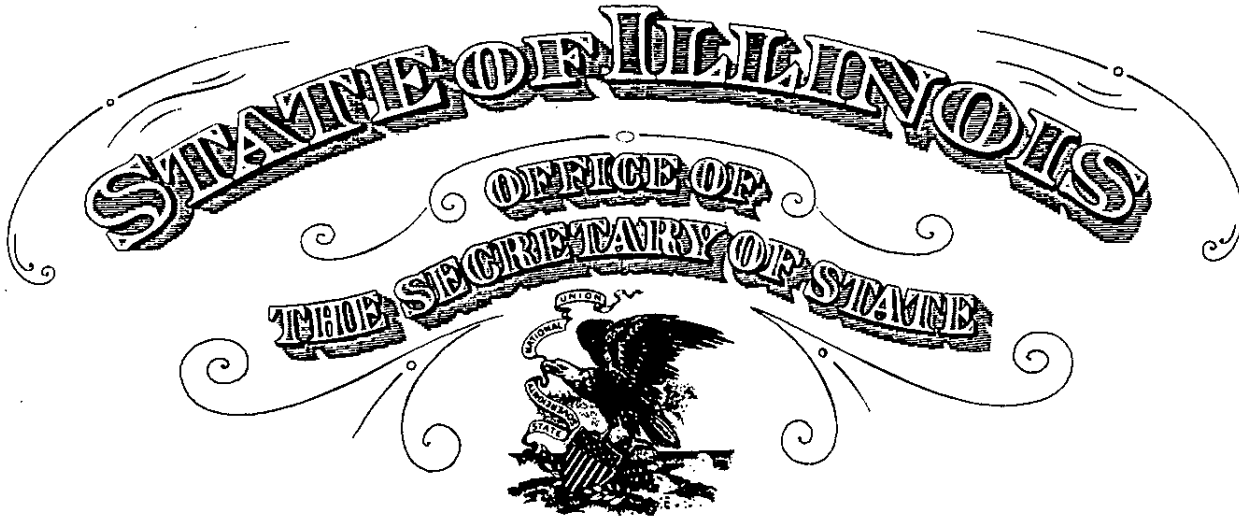
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. MEHMOOD H SYED, AS SECRETARY

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

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16 OCT 31 PM 3 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number 6927-480-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SYED BROKERAGE & CAPITAL CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 21, 2013, 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, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

FILED

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SECRETARY OF STATE
SPRINGFIELD, ILLINOIS

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of OCTOBER A.D. 2016 .



Authentication #: 1630001588 verifiable until 10/26/2017

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

Jesse White

SECRETARY OF STATE