F18000000121

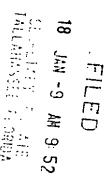
(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



500307327595

01/88/18--01017--001 **70.00



LEGGETT AN 10 2018

COVER LETTER

_	istration Sec sion of Corp				
SUBJECT	: <i>A</i> _	MERICAL VAL Name of corpor	L, Le ation - m	ust include suffix	
Dear Sir or N		·			
"Certificate	of Existence	on by Foreign Corporation " or "Certificate of Good corporation to transact by	Standing	g" and check are sub	
Please return	all corresp	ondence concerning this n	atter to t	he following:	
Bras	o Rei	a E Line			
	<u> </u>	Nam	e of Pers	on	
AME	RICAN	VAN LINES	Compan	v	
		VAL LINES Firm			
EIK	GROV	E VILLAGE A	= 6	50007	
		City/St	ate and Z	ip code	
AMUL	· C CHA	E-mail address: (to be u			
		E-mail address: (to be u	sed for f	uture annual report i	notification)
For further in	nformation o	concerning this matter, ple	ase call:		
B56 €,	ar LASG	at (_8'	<u>(7</u>)_	437-2080 Daysing Talan	× 4118
Nan	ie of reisor	i Aica	Code	Daytine Telep	none Number
Regi Divi Clift 2661	stration Sec sion of Corp on Building	oorations : Center Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a	ı check for t	he following amount:			
S \$70.00 Fi	iling Fee	☐ \$78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & ratified Copy	☐ \$87.50 Filing Fee, 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.

(If name unavailable in Florida, enter all	ternate corporate name add	opted for the purpose of transacting busines	s in Florida)
2. TLL; we's (State or country under the law of whice	3	36-3220455	
(State or country under the law of which	th it is incorporated)	(FEI number, if applicable)	
4. 6 10 82 (Date of incorporation)	5		
(Date of incorporation)		(Date of duration, if other than perp	etual)
6. 1118			
(SEE SECTIO	ONS 607.1501 & 607.1502	lorida, if prior to registration) F.S., to determine penalty liability) SOVE VILLAGE, TL 60005 office address)	7
(SEE SECTIO	ONS 607.1501 & 607.1502 AUE	F.S., to determine penalty liability)	7
(SEE SECTIO	ONS 607.1501 & 607.1502 AUE	F.S., to determine penalty liability) POUE VILLAGE, The 60000 office address)	7
(SEE SECTION	ONS 607.1501 & 607.1502 AUE FILGA (Principal (Current mailing a	F.S., to determine penalty liability) SOVE VILLAGE, TL 6000 Soffice address) address, if different)	
(SEE SECTION AND AND AND AND AND AND AND AND AND AN	ONS 607.1501 & 607.1502 AUE FILGA (Principal (Current mailing a	Sove Village, The Good office address) address, if different) Box NOT acceptable)	
(SEE SECTION AND AND AND AND AND AND AND AND AND AN	ONS 607.1501 & 607.1502 AUE FILGA (Principal (Current mailing a	Sove Village, The Good office address) address, if different) Box NOT acceptable)	18 JAN -9
(SEE SECTION 1995) 7. /500 Arthur Ave 8. Name and street address of Florida 1996	ONS 607.1501 & 607.1502 AUE FILGA (Principal (Current mailing a	Sove Village, The Good office address) address, if different) Box NOT acceptable)	18 JAN -9
(SEE SECTION Office Address: SYOZ	ONS 607.1501 & 607.1502 AUE FIL GA (Principal (Current mailing a registered agent: (P.O.)	Sove Village, The Good office address) address, if different) Box NOT acceptable)	

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.

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.

11. Name's and business addresses of officers and/or directors: A. DIRECTORS Chairman: StevE Westerberg

Address: 1500 Arthur Avedue FIK GROVE VILLAGE IL 60007 Vice Chairman: Address: Address: _____ **B. OFFICERS** President: Brad Reise Eing

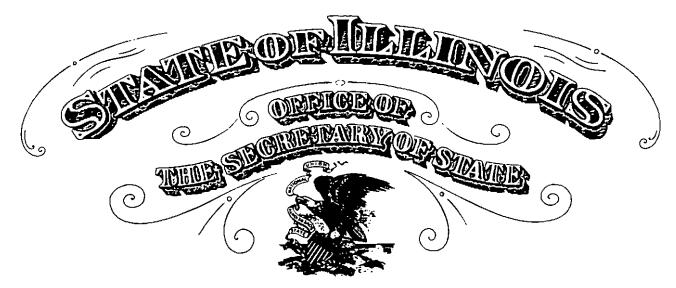
Address: 1500Arflor Avenue, EIK GROVE VILLAGE, IK 6407 Vice President: Secretary: __ Address: ___ Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein

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. BRADIN REINERING PRESIDENT 1/5/18

File Number

5275-761-4



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

AMERICAN VAN LINES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 10, 1982, 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.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of JANUARY A.D. 2018.

Authentication #: 1800501140 verifiable until 01/05/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE