Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FOREIGN PROFIT/NONPROFIT CORPORATION

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**B FIGUEROA** JUN 13 2018

## 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 unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florid	ia)
Hinois	3.	82-2256971		
(State or country	under the law of which it is incorporated)	(FEI number, if applicab	ole)	
07/03/2017	5.	(Date of duration, if other than p	······································	
	(Date of incorporation) (Date of duration, if of		perpetual)	
No busine	ss has been conducted yet.			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
4701 W. Midlothi	an Tpk., Suite 2 Crestwood, IL 60418		<u> </u>	22
	(Princip	oal office address)	ALC ALC	2018 JUN
	(Current mailin	ng address, if different)	[62]	22
				<u>~</u>
Name and street	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	بار. بار.	<u>-</u> E
Name:	C T Corporation System	<u></u>	医	AM 10: 20
lice Address:	1200 South Pine Island Road		, 5	0
nce Admoss.	Plantation	. Florida 33324		
	(City)	(Zip code)		
wing been nam signated in this other agree to c	ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes to amiliar with and accept the obligations of C T Corporation S	ment as registered agent and agree to relative to the proper and complete per of my position as registered agent.  System  Brian Mueller	act in this orformance	capacity
	Duan Mull	Assistant Secret	tary	

under the law of which it is incorporated.

FLUID - \$/5/2513 Walters Kitawar Dalline

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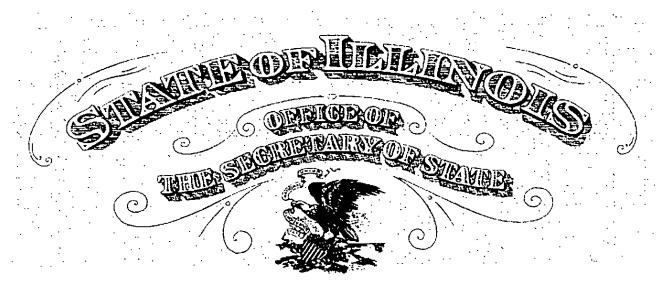
11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairmau:	
Address:	
Vice Chairman:	
Address:	
	<u></u>
Director:	<u>&gt; 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, </u>
Address:	7.≽
Director:	
Address:	<u> </u>
	· <del>-</del>
Address: 4701 W. Midlothian Tpk., Suite 2 Crestwood, II. 60418	
Vice President:	
Address:	
Sccretury:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addandum to the applic	cation listing additional officers and/or direct
12. Carin a. Store	er- 6-7-18
Signature of Directo The officer or director signing this document (and who is listed	
are true and that he or she is aware that false information submit a third degree felony as provided for in s.817.155, F.S.	tted in a document to the Department of State

FLC19 - \$15/2015 We ters Klewer Cabes

The first of the f

File Number

7135-464-4



## 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

IST CHOICE LIVESCAN FINGERPRINTING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 03, 2017, 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 7TH day of JUNE A.D. 2018.

Authentication #: 1815802820 verifiable until 06/07/2019
Authenticate at, http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE