

F2000000000436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

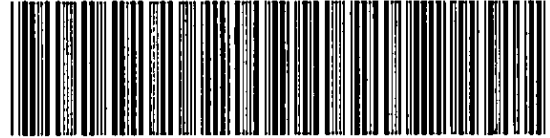
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2000000000837

Office Use Only



600337521676

12/01/19--01010--010 **70.00

FILED
2020 JAN 21 PM 3:16
CLERK OF COURT
TALLAHASSEE, FLORIDA

ys

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2020

MATTHEW LORING
19512 UTOPIA LANE
ESTERO, FL 33928

SUBJECT: NETWORK SERVICES GROUP, INC.
Ref. Number: W20000000837

We have received your document for NETWORK SERVICES GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Yvette Scott
Document Specialist II

Letter Number: 320A00000206

RECEIVED

JAN 21 2020

**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. Network Services Group Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Florida Network Services Group Incorporated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Illinois 3. 76-0843306
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 19512 Utopia Lane, Estero, FL 33928
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Matthew Loring
- Office Address: 19512 Utopia Lane
- Estero, Florida 33928
(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.

Matthew Loring, President
(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.

FILED
2020 JAN 21 PM 3:16
TALLAHASSEE, FLORIDA
CLERK OF THE STATE

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

A. DIRECTORS

Chairman: Matthew Loring

Address: 19512 Utopia Lane, Estero, FL. 33928

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Matthew Loring

Address: 19512 Utopia Lane, Estero, FL. 33928

Vice President:

Address:

Secretary: Matthew Loring

Address: 19512 Utopia Lane, Estero, FL. 33928

Treasurer: Matthew Loring

Address: 19512 Utopia Lane, Estero, FL. 33928

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

12. Matthew Loring, President

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.

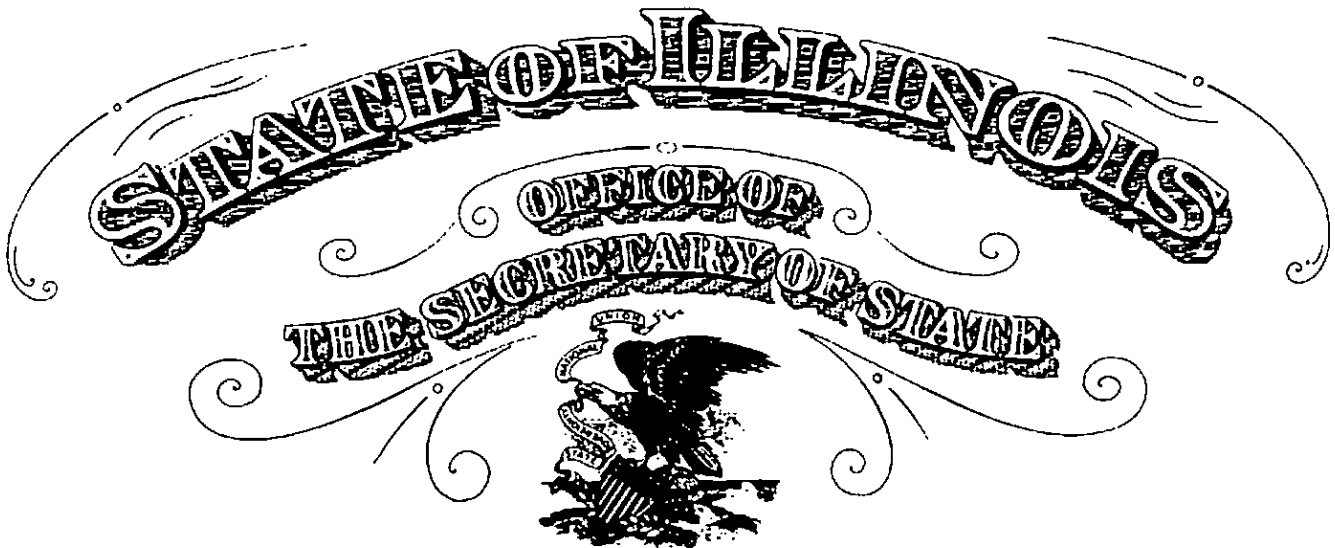
13. MATTHEW LORING

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

FILED
2020 JAN 21 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

6524-417-9



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

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 2 PAGE(S), TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR NETWORK SERVICES GROUP INC..

FILED
2020 JAN 21 PM 3:16
STATE OF ILLINOIS
TALAHSEE, FLORIDA



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 NOVEMBER A.D. 2019 .

Jesse White

Business Corporation Act

FILED: 11/27/2006

JESSE WHITE SECRETARY OF STATE

SR

THE UNIVERSITY OF CHICAGO

CP0483047

2. Initial Registered Agent:	Matthew	Loring
	First Name	Middle Initial Last name
Initial Registered Office:	900 Victoria Lane	
	Number Street Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)	
	Elk Grove IL 60007 Cook	
	City ZIP Code County	

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

To engage in any and all lawful activities permitted under the Illinois Business Corporation Act of 1983, as amended

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	300 000	100	\$ 100.00
			TOTAL = \$ 100.00

(If not sufficient space to cover this point, add one or more sheets of this size.)

5. OPTIONAL: (a) Number of directors constituting the initial board of directors of the corporation: _____
(b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP

6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
(b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
(c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
(d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. OPTIONAL: OTHER PROVISIONS

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated 11-7-06, 2006
(Month & Day) Year

Signature and Name
1. <u>Matthew Loring</u> Signature <u>MATTHEW LORING</u> (Type or Print Name)
2. _____ Signature (Type or Print Name)
3. _____ Signature (Type or Print Name)

Address
1. <u>900 VICTORIA LANE</u> Street <u>ETK GRAVEVILLE IL 60007</u> City/Town State ZIP Code
2. _____ Street City/Town State ZIP Code
3. _____ Street City/Town State ZIP Code

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature.

Note 1: Fee Schedule

The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$25)

The filing fee is \$150

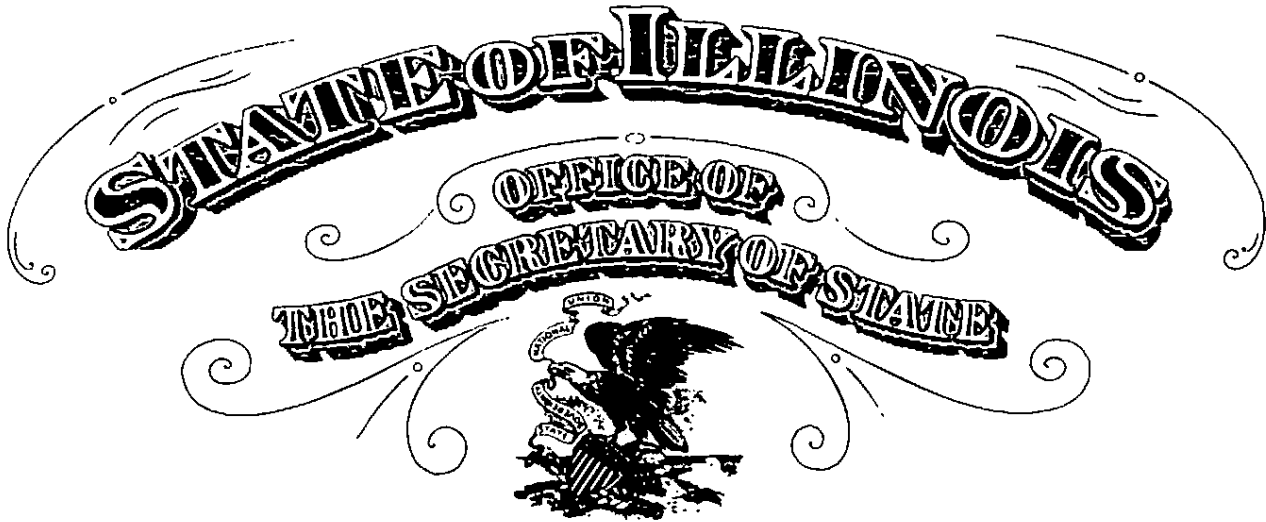
The minimum total due (franchise tax + filing fee) is \$175.

Note 2: Return to:

ACCT & TAX CONSULT INTL L.P.
(Firm name)
William GRABOWSKI
(Attention)
311 S. ARLINGTON HTS RD SR
(Mailing Address)
ARLINGTON HTS, IL. 60005
(City, State, ZIP Code)

File Number

6524-417-9



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

NETWORK SERVICES GROUP INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 27, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 14TH
day of JANUARY A.D. 2020 .***

Jesse White

SECRETARY OF STATE