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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

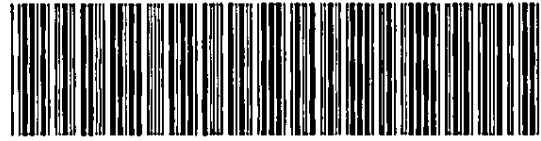
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

ANILA W CORPORATION

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:

MAGDALENA WALKOWIAK

Name of Person
BM TAXES & ACCOUNTING, P.C.

Firm/Company
7324 W LAWRENCE AVE

Address
HARWOOD HEIGHTS, IL 60706

City/State and Zip code
BMTAXES2@GMAIL.COM

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

For further information concerning this matter, please call:

MAGDALENA WALKOWIAK 708 669-7227

Name of Person at () 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

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.

ANILA W CORPORATION

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)

2. ILLINOIS 3. 84-2035735 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/07/2019 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. 01.01.2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1968 LAUGHLIN RD NORTH PORT, FL 34288 (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: ALINA KLEPACZ Office Address: 1968 LAUGHLIN RD NORTH PORT, Florida 34288 (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.

[Signature] (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.

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

A. DIRECTORS

Chairman: ALINA KLEPACZ
Address: 1968 LAUGHLIN RD NORTH PORT, FL 34288

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: ALINA KLEPACZ
Address: 1968 LAUGHLIN RD NORTH PORT, FL 34288

Vice President: ALINA KLEPACZ
Address: 1968 LAUGHLIN RD NORTH PORT, FL 34288

Secretary: ALINA KLEPACZ
Address: 1968 LAUGHLIN RD NORTH PORT, FL 34288

Treasurer: ALINA KLEPACZ
Address: 1968 LAUGHLIN RD NORTH PORT, FL 34288

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

12. X Alina Klepacz
Signature of Director or Officer

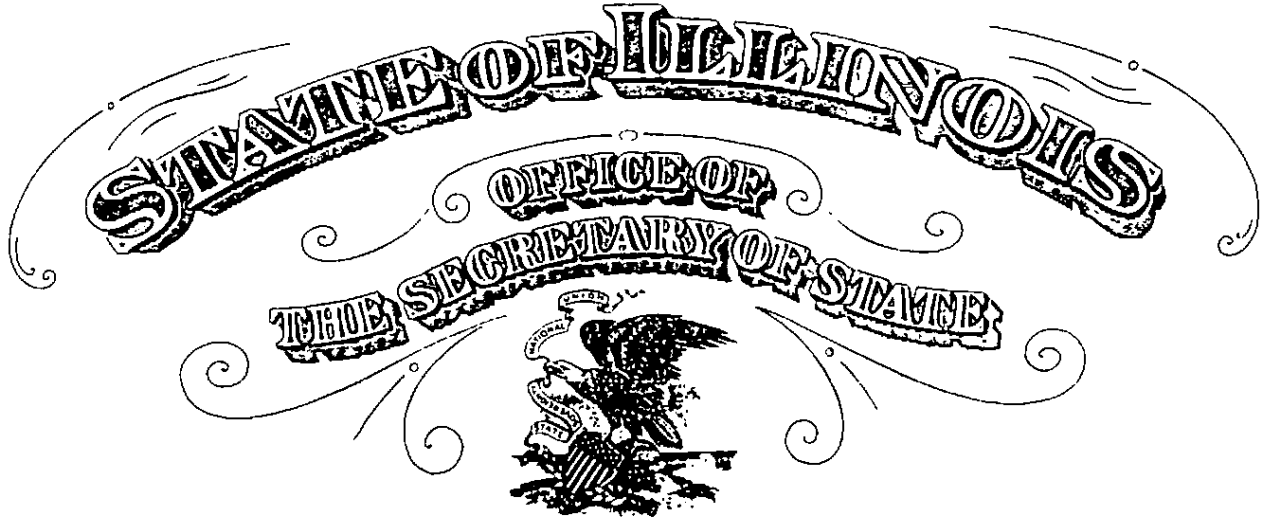
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. ALINA KLEPACZ (1)
(Typed or printed name and capacity of person signing application)

2013 JUN 11 10:01 AM

File Number

7235-128-2



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

ANILA W CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 07, 2019, 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.

2020
MAY 10 3 11

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of MAY A.D. 2020 .



Jesse White

SECRETARY OF STATE