

Division of Corporations

F210001401263

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
BROWNSON, REHMUS & FOXWORTH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2021 APR 8 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
21 APR -8 AM 6:27
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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. Brownson, Rehms & Foxworth, Inc.
(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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October, 14 1969 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. March 1, 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Regis at 4851 Tamiami Trail N, Suite 200, Naples, FL 34103
(Principal office street address)

(Current mailing address, if different)

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

Christine Kalm
Assistant Secretary

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Richard Doppelt

Vice Chairman Address: 200 S. Wacker Drive
Suite 2300

Director Chicago, IL 60606

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Susan Shacklette

Vice Chairman Address: 4851 Tamiami Trail N
Suite 200

Director Naples, FL 34103

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Mary Claire Allvine

Vice Chairman Address: 200 South Wacker Drive
Suite 2300

Director Chicago, IL 60606

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: John Lafferty

Vice Chairman Address: 390 Knowlwood Road
Suite 303

Director White Plains, NY 10603

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Kathleen Warner

Vice Chairman Address: 200 S. Wacker Drive
Suite 2300

Director Chicago, IL 60606

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Harold Leavell

Vice Chairman Address: 200 South Wacker Drive
Suite 2300

Director Chicago, IL 60606

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Kate Warner
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.817.135, F.S.

13. Kathleen Warner, Corporate Secretary
(Typed or printed name and capacity of person signing application)

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROWNSON, REHMUS & FOXWORTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

730215 8300

SR# 20211204412

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202911435

Date: 04-07-21