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#### **COVER LETTER**

	egistration Section ivision of Corporations			
SUBJEC	T: American Fire Training Systems, In	nc.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		poration - mu	st include suffix	
Dear Sir c	r Madam:			
"Certifica	sed "Application by Foreign Corporate of Existence," or "Certificate of Gorenced foreign corporation to transaction	ood Standing"	and check are sub-	
Please reti	arn all correspondence concerning th	is matter to the	e following:	
Trevor K.	Brewer			
	``	Name of Perso	n	
BrewerLor	g PLLC			
	F	irm/Company		
407 Wekiy	a Springs Rd Ste 241			
		Address		
Longwood	, FL 32779			
	Cit	y/State and Zij	o code	
tbrewer@b	rewerlong.com			
	E-mail address: (to	be used for fut	ure annual report n	otification)
For furthe	r information concerning this matter.	, please call:		
Trevor Bro	vor Brewer 407 660-2964			
N	lame of Person A	rea Code	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please mak	is a check for the following amount: e check payable to: FLORIDA DEPAR Filing Fee	e & □ \$78	TATE .75 Filing Fee & tified Copy	S87.50 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.

(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)  [Illinois 3	AMERICAN FIRE TRAINING SYSTEMS, INC.				
2. Illinois  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)  (Or/02/2007  5. (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  Lemont, IL 60439  (Current mailing address, if different)  Name:  BrewerLong PLLC  407 Wekiva Springs Rd Ste 241  Degraphed  122770	(Enter name of c	•	COMPANY," "CORPORATI	ON,"	
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  Lemont, IL 60439  (Current mailing address, if different)  Name:    BrewerLong PLLC	(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transac	cting business in Florida)	
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida. if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  Lemont, IL 60439  (Current mailing address, if different)  Name:    BrewerLong PLLC   P.O. Box NOT acceptable   P.O. Box Not acceptabl	2. Illinois	3	20-1222444	•	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 12315 New Avenue  (Principal office street address)  Lemont, IL 60439  (Current mailing address, if different)  (Current mailing address, if different)  Name:  BrewerLong PLLC  407 Wekiva Springs Rd Ste 241	07/02/2007				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 12315 New Avenue  (Principal office street address)  Lemont, IL 60439  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  BrewerLong PLLC  407 Wekiva Springs Rd Ste 241	(Date	of incorporation)	(Date of duration, if oth	er than perpetual)	
Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    BrewerLong PLLC	7. <u>12315 New Aven</u>	(SEE SECTIONS 607.1501 & 607.1502	. F.S., to determine penalty lia	bility)	
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    BrewerLong PLLC	Lamont II 6043	•	street address)		
Office Address: 407 Wekiva Springs Rd Ste 241  Longwood 32779	8. Name and stree	(Current mailing a et address of Florida registered agent: (P.O. I		111LE 21 NOV 16	
1 (Managard)	Name: Office Address:		_	AM III: 30 MARIE MARIE MARIOA	
(City) . Florida (Zip code)		Longwood (City)	Florida 32779	9	

#### 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, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

O Attached is a cortificate of axistance duly authoritisated, not more than 90 days prior to deliver

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application t the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictio 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]:

□Chairman	Name:	□Chairman	Name: Susan Kierke
□Vice Chairman	12315 New Avenue	□Vice Chairman	Address:
□Director	Lemont, IL 60429	□Director	Lemont, IL 60429
President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	■ Secretary	□Treasurer
□Other	□Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
Other	Other	□Other	Other
	Use an attachment to report more than six (6). To added to the index when filing your Florida De		
	Signature of Dir	rector or Officer	
The officer or dire she is aware that f	ector signing this document (and who is listed in false information submitted in a document to the	number 11 above) affirms the Department of State constitution	nat the facts stated herein are true and that he ites a third degree felony as provided for in

s.817.155, F.S.

Susan Fierke, Secretary



### 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 FIRE TRAINING SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 02, 2007, 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 10TH day of NOVEMBER A.D. 2021.

Authentication #: 2131400960 verifiable until 11/10/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE