

P15 00051989
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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15 JUN 16 PM 1:30
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FLORIDA PROFIT/NON PROFIT CORPORATION
Flerder Corporation

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

6/17/15

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Flerder Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Steven Bielat, Director of Finance
Name (Printed or typed)
6280 W. Howard St.
Address
Niles, IL 60714
City, State & Zip
847-579-5500
Daytime Telephone number
sbielat@greenwoodassociates.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Flerder Corporation

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6280 W. Howard St.
Niles, IL. 60714
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any legal and authorized purposes allowed under state law.

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STATE OF ILLINOIS
CLERK OF CIRCUIT COURT

ARTICLE IV SHARES 1200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Eileen Monahan, President</u>	Name and Title:	<u>Michael Gard, Secretary</u>
Address:	<u>6280 W. Howard St.</u> <u>Niles, IL. 60714</u>	Address:	<u>6280 W. Howard St.</u> <u>Niles, IL. 60714</u>

Name and Title:	<u>Craig Schroff, Treasurer</u>	Name and Title:	<u>Ronald Kaplan, Director</u>
Address:	<u>6280 W. Howard St.</u> <u>Niles, IL. 60714</u>	Address:	<u>6280 W. Howard St.</u> <u>Niles, IL. 60714</u>

Name and Title:	<u>James Berman, Director</u>	Name and Title:	<u>Jonathon Berman, Director</u>
Address:	<u>6280 W. Howard St.</u> <u>Niles, IL. 60714</u>	Address:	<u>6280 W. Howard St.</u> <u>Niles, IL. 60714</u>

(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System

Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Bielat

Address: 6280 W. Howard St.
Niles, IL. 60714

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: CT Corporation System Jennifer Vincent 6/11/15
Required Signature/Regi: _____ Web President & Assistant Secretary _____
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Steve Bielat 6/10/2015
Required Signature/Incorporator _____ Date