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SUCLETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

•	istration Sect sion of Corp							
SUBJECT:	IPSA Corpo							
SOBILET.	•	Name	of corporat	ion - mus	include suffix			
Dear Sir or N	vladam:							
"Certificate of	of Existence,		of Good S	tanding"	rization to Transac and check are subi lorida.			
Please return Salvatore Mai	•	ndence concern	ing this ma	tter to the	following:			
		<u>-</u>	Name	of Person				
IPSA Corpora	ation						دے ا	
			Firm/C	ompany		7	010	
1166 W. Grar	nd Ave.						EB.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Chicago, IL.,	60642		Ad	ldress		(t f	26	5 7
			City/Stat	e and Zip	code			
ipsa-smo@att	t.net			p				ب ب
		E-mail addres	s: (to be use	ed for futi	ire annual report n	otification)	3/1	-
For further is	nformation c	oncerning this n	natter, pleas	se call:				
Salvatore Ma	rtorina		312 at (656	5-3039			
Nan	ne of Person		Area C	Code	Daytime Teleph	ione Number	•	
Regi Divi Clift 2661	REET/COUN istration Sect sion of Corp ion Building I Executive C ahassee, FL	orations Center Circle	S:		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Enclosed is a	a check for th	ne following am	ount:					
□ \$70.00 Fi	iling Fee	S78.75 Filin Certificate			75 Filing Fee & fied Copy		Filing Fee cate of Sta ed 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.

	orporation: must include "INCORPORATED," "orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N."
IPSA Construct	ion Corporation		
(If name unavaila Illinois	able in Florida, enter alternate corporate name add	6-3739737	ng business in Florida)
(State or countr 09/27/1990	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation)	poration) 5 5	
1	(SEE SECTIONS 607.1501 & 607.1502 eve., Chicago, IL., 60642 (Principal	office address)	2018 FE
	(Current mailing	address, if different)	8 26 F
. Name and stree Name:	et address of Florida registered agent: (P.O. Gianni Vitiello	Box <u>NOT</u> acceptable)	P 2: 3u of STATE E.FLORIDA
	0101/ 1 17/ 5 1 5 1 6 1 6 1 6		A =
Office Address:	910 Vanderbilt Beach Rd. Apt. 412		
Office Address:	Naples		

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.



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: Address: _____ Director: Address: ___ Director: **B. OFFICERS** Salvatore Martorina President: 1166 W. Grand Ave. Address: __ Chicago, IL., 60642 Vice President: Address: Mary Ann Martorina Secretary: 1166 W. Grand Ave., Chicago, IL., 60642 Address: _ Treasurer: Address: ____ NOTE: It necessary, you may attach an addendum to the application listing additional officers and/or directors. 1060 1/1/1 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

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

a third degree felony as provided for in s.817.155, F.S.

Salvatore Martorina, President

13.



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

IPSA CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 27, 1990, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set of my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JANUARY A.D. 2018.

Authentication #: 1800200868 verifiable until 01/02/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE