

F010000000 392

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compensation Services, inc.
(Name of corporation - must include suffix)

400003563524--8
-01/22/01--01135--006
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Paul J. Gonzales

(Name of Person)
Compensation Services, inc.

(Firm/Company)
2098 Braxton Street

(Address)
Clermont, Florida 34711

(City/State and Zip code)

For further information concerning this matter, please call:

Paul J. Gonzales (352) 243-3372

(Name of Person) at _____
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status
& Certified Copy

FILED
00 JAN 22 PM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mt
1/23

**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. Compensation Services, incorporated

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Illinois

(State or country under the law of which it is incorporated)

3. 36-4026614

(FEI number, if applicable)

4. June ²³~~26~~, 1995

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5N401 Neva Terrace, Itasca, IL 60143-2442

(Principal office address)

Same

(Current mailing address)

8. To provide business consulting services to other businesses

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Paul J. Gonzales

Office Address: 2098 Braxton Street

Clermont, Florida 34711

(City)

(Zip code)

10. 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.
(Registered agent's signature)

11. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Paul J. Gonzales
Address: 5N401 Neva Terrace, Itasca, IL 60143

Vice Chairman: N/A
Address:

Director: Marilyn J. Gonzales
Address: 5N401 Neva Terrace, Itasca, IL 60143

Director: N/A
Address:

B. OFFICERS

President: Paul J. Gonzales
Address: 5N401 Neva Terrace, Itasca, IL 60143

Vice President: Marilyn J. Gonzales
Address: 5N401 Neva Terrace, Itasca, IL 60143

Secretary: Marilyn J. Gonzales
Address: Same

Treasurer: Paul J. Gonzales
Address: Same

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

13. Paul J. Gonzales Chairman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul J. Gonzales, Chairman of the Board, Compensation Services, inc.
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

File Number 5839-617-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COMPENSATION SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 23, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

FILED
JUN 22 PM 10:56
CLERK OF STATE
JESSE WHITE



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH *day of* APRIL *A.D.* 2000.

Jesse White

SECRETARY OF STATE