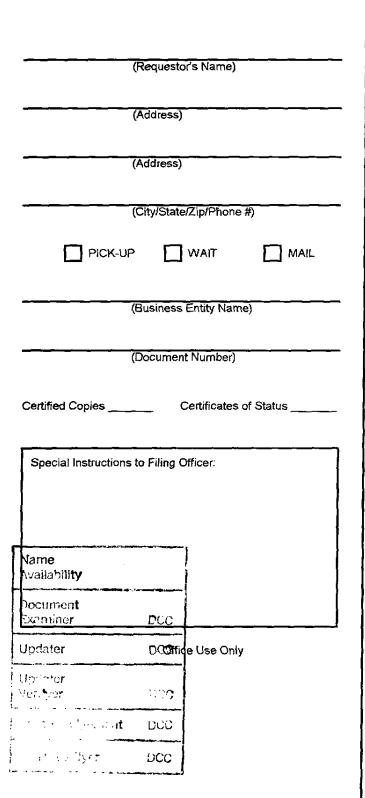
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Deweese Fater	orises. Inc	•
(Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for As" (Certificate of Existence," and check are submitted to reg transact business in Florida.		
Please return all correspondence concerning this matter to	the following:	
Donald M. Descese	-	
Donald M. Deweese (Name of P	erson)	
Deuxese Enterprise (Firm/Com	s Tac	
(Firm/Com	pany)	
215 Gold Stein St. # (Address Punta Gorda, FL 3 (City/State and	10	
(Addres	s)	¥.0 ~
Punto Gooda, FL 3	3950	
(City/State and	d Zip code)	→
For further information concerning this matter, please call:		AN IH A II: 2 ETARY OF STATE HASSEE, FLORID
Don Deweese at (239	243 6367 de & Daytime Telepho	I: 29
(Name of Person) (Area Co	de & Daytime Telepho	one 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	778.75 Filing Fee & Certified Copy	\$87.50 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. Deweese Enterprises, 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. Illinois
(State or country under the law of which it is incorporated)

4. May 28, 204
(Date of incorporation)

3. 20-1093604
(FEI number, if applicable)

Perputual
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty nability)

7. 437 Learnington Ct, Naperville 1L 60565

(Principal office address)

215 Gold Stein St. #10, Panta Gorda, F1 33950FFF

(Current mailing address)

Estimation and Sale of Insurance Restaration Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridan) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 215 Gold Stein St, #10

Punta Gorda , Florida 33950
(Cirv) (Zip code) Office Address: 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. Donald M1. Dewere

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. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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

A. DIRECTORS			
Chairman: Donald M. Deweese			
Address: 437 Learnington Ct.			
Naperville, 1L 60565			
Vice Chairman: NONE			
Address:			
Director: NONE			
Address:			
Director: NONE			
Address:			
B. OFFICERS	đ		
President: Donald M. Deweese	Z005 JAN SECRETA		
Address: 437 Learnington Cf.	(A) =		
Naporville 12 60565	238 F		
Vice President:	F ST FLOO		
Address:	: 29 RIOA		
Secretary: No NE			
Address:			
Treasurer:			
Address:			
NOTE: If-			
NOTE: If necessary, you may attach an addendum to the application listing additional additional actions and the second se	onal officers and/or directors.		
(Signature of Director or Officer listed in number 12 of the	application)		
D. 11 10 D. 1. 1.	,		
(Typed or printed name and capacity of person signing application)			

File Number

6355-967-9



To all to whom these Presents Shall Come, Greeting:



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

JANUARY

A.D.

2005

Desse White

SECRETARY OF STATE