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SECRETARY OF STATE DIVISION OF CORPORATION

\$ 310/08

### FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

08 MAR -6 PM 3:35

TO: New Filing Section Division of Corporations
SUBJECT: Virgilio & Associates, Ltd.
(Name of corporation - must include suffix)
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:
Denise Bell
(Name of Person)
National Corporate Services
(Firm/Company)
16055 Space Center Blvd., Ste. 235
(Address)
Houston, TX 77062
(City/State and Zip code)
For further information concerning this matter, please call:
Denise Bell at ( 800 ) 862-5438
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy



SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAR -6 PM 3: 35

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2008

DENISE BELL 16055 SPACE CENTER BLVD. SUITE 235 HOUSTON, TX 77062

SUBJECT: VIRGILIO AND ASSOCIATES, LTD.

Ref. Number: W08000010053

We have received your document for VIRGILIO AND ASSOCIATES, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 408A00011914

## 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.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  765 Ela Road, Suite 211, Lake Zurich, IL 60047  (Principal office address)  765 Ela Road, Suite 211, Lake Zurich, IL 60047  (Current mailing address)  Structural Engineers  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Name:  NRAI Services, Inc.  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capther agree to comply with the provisions of all statutes relative to the proper and complete performance of	State or country under the law of which it is incorporated   (FEI number, if applicable)	(If name unavai	able in Florida, enter alternate corp	orate name a	dopted for the purpose of transacting busin	ess in Florida)
State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (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 address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name:  NRAI Services, Inc.  NRAI Services, Inc.  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at this capther agree to comply with the provisions of all statutes relative to the proper and complete performance of	State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (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 address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  NRAI Services, Inc.  (City)  Registered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacither agree to comply with the provisions of all statutes relative to the proper and complete performance of my of I am familiar with and accept the obligations of my position as registered agent.  NRAI Services, Inc.  (City)  (FEI number, if applicable)  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Principal office, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability  (Position: Year corp. will cease to exist or "perpetual")  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida  (Purpose(s) of corporation authorized in home	Illinois		3	36-4195969	
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11. Attached is a certificate of existence duly authenticated, nor 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.

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

## FILED

## SECRETARY OF STATE DIVISION OF CORPORATIONS A. DIRECTORS 08 MAR -6 PM 3: 35 Chairman: \_\_\_ Vice Chairman: Address: \_ Director: \_ Address: Director: Address: **B. OFFICERS** President: Paul G. Virgilio Address: 24069 N Echo Lake Rd, Hawthorn Woods IL 60047 Vice President: \_\_\_Adrienne Virgilio Address: 24069 N Echo Lake Rd, Hawthorn Woods IL 60047 Secretary: Address: \_\_ Treasurer: \_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Paul G Virgilio, President

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



## To all to whom these Presents Shall Come, Greeting:

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

VIRGILIO AND ASSOCIATES, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER'07, 1997, 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.



Authentication #: 0805101588

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH

day of

**FEBRUARY** 

A.D.

2008

Desse White

SECRETARY OF STATE