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(Requestor's Name)

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -3 2008
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Admo, Inc.
(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:

Matthew Kriepps
(Name of Person)
Admo, Inc
(Firm/Company)
2550 Decade Court
(Address)
Elgin, Illinois 60124
(City/State and Zip code)

For further information concerning this matter, please call:

Debra McInnis at (847) 741-5777
(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 & Certificate of Status ☐ \$78.75 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.

1. Admo, 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 3. 36-2916967
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 10, 1977 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Admo, Inc 385 SW 60th Ave Ocala, FL 34470
(Principal office address)
Admo, Inc 2550 Decade Ct Elgin IL 60124
(Current mailing address)

8. Manufacturing
(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 NOT acceptable)

Name: Webster Baker

Office Address: 385 SW 60th Ave
Ocala, Florida 34470
(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.

Webster Baker
(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.

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

A. DIRECTORS

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Chairman: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Matthew G. Kriepps

3 Dalton Court

South Barrington, IL 60010

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Deborah Kriepps

3 Dalton Court; South Barrington, IL 60010

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

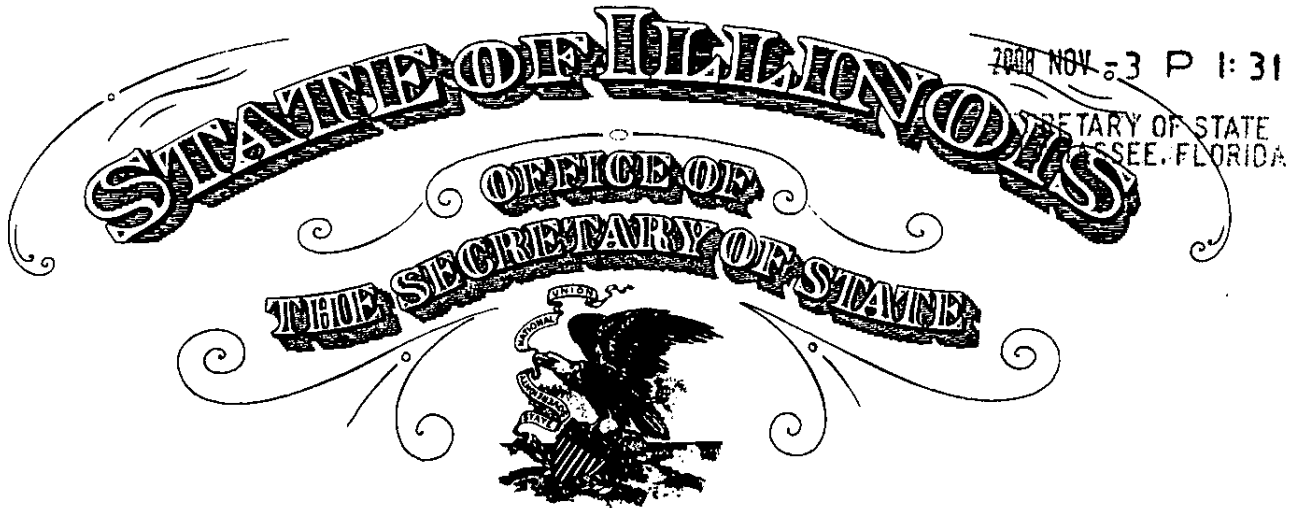
Matthew G. Kriepps Owner / President

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

File Number

5115-895-4

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To all to whom these Presents Shall Come, Greeting:

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

ADMO, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 10, 1977, 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 my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of OCTOBER A.D. 2008

Jesse White

SECRETARY OF STATE

Authentication #: 0830201732

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CYBERDRIVEILLINOIS




JESSE WHITE
SECRETARY OF STATE

CORP/LLC - CERTIFICATE OF GOOD STANDING

Thank You For Using The Certificate of Good Standing System!

Your Certificate of Good Standing has been processed. If you have any questions concerning your purchase, please contact us through the [Business Services Contact Form](#).

Please print this receipt for your records.

Purchase Date:	2008-10-28 10:39 AM
Authentication Number:	0830201732
Confirmation Number:	106336
Transaction Fee:	\$25.00
Payment Processor Fee:	\$2.00
Total Fee:	\$27.00
Payment Method:	CREDIT CARD
Printable Document:	Print Certificate 

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