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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

rm=41	Address:				

## FOREIGN PROFIT/NONPROFIT CORPORATION AIGL Payroll Services Corporation

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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12/23/2009

## **COVER LETTER**

TO: New Filing Section Division of Corpo			
SUBJECT:	ATGL PO	wroll Service	-s Corporation
Dear Sir or Madam:			
The enclosed "Application" Certificate of Existence," above referenced foreign of	or "Certificate of Good!	for Authorization to Transa Standing" and check are sub siness in Florida	ct Business in Florida," inlitted to register the
Please return all correspon	Victori Name Ameri 182 W. Lo Chicago Chicago Chicago Chicago Chicago Chicago Chicago	atter to the following:  (A COULETOS  of Person  Company  Company  A St. Str a  ddress  Le and Zip code  et a Company  et and Zip code	can'i nusco net
For further information con		·	(SEC.)-411011)
Victoria Gol Name of Person	uletas = (31		15 one Number
STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 33	n rations enter Circle 2301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations
Enclosed is a check for the	following amount:  3 \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 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. ATGL Payroll Services Corporation
(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)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
. December 14. 2009 : Pernetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
, 182 W. Lake St. Ste 200, Chicago, II. 60001
(Pfincipal office address)
182 M. Cane St. Ste 200, Chicago, IL leoled
(Current mailing uddress)
. The transaction of any and all lawful business.
(Purpose(s) of corporation authorized in home state of bountry to be carried out in state of Florida)
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: CT Corporation System  Name: CT Corporation System
Office Address: 1800 South Vine Island Road
Vlandation state 33324 m2
(City) (Zip code)
0. Registered agent's acceptance:
laving been named as registered agent and to accept service of process for the above stated corporation at the Place of lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
urther 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.
Connie Bryan
Caric Brus Assistant Secretary
(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 Chairman: \_\_\_ Address: \_\_\_ Vice Chairman: \_\_\_ Address: \_\_ Director: \_\_ Address: Director: \_ Address: \_\_\_\_ B. OFFICERS Address: \_ Vice President: \_\_\_ Address: \_ 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)

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

File Number

6737-281-6



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

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

AIGL PAYROLL SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 14, 2009, 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 #: 0935501760
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 21ST

day of

DECEMBER

A.D.

2009

SECRETARY OF STATE