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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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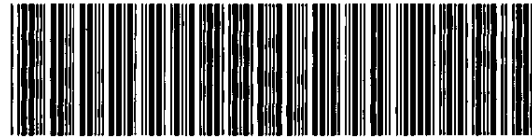
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

MRD
7/6

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DEFILIPPIS + ASSOCIATES, 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," or "Certificate of Good Standing" 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:

JOSEPH A. DEFILIPPIS

Name of Person

DEFILIPPIS + ASSOCIATES, INC.

Firm/Company

1129 CYPRESS LANE

Address

ELK GROVE VILL, IL 60007

City/State and Zip code

joe@defilarchitects.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE DEFILIPPIS

Name of Person

at (847) 340 3035

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. DEFILIPPIS + ASSOCIATES, 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. 27-1934399
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/10/10 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1000 N HALSTED ST STE 205 CHICAGO IL. 60642
(Principal office address)

1129 CYPRESS LN. ELK GROVE VILLAGE IL. 60007
(Current mailing address)

8. PROVIDE ARCHITECTURAL SERVICES.
(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)

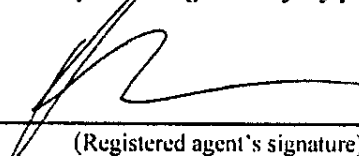
Name: Northwest Registered Agent LLC

Office Address: 2022-2 Raymond Diehl Rd

Tallahassee, Florida 32301
(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, I hereby accept the appointment as registered agent and agree to act in the 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) Dan Keen-Manager

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: JOSEPH A. DEFILIPPIS

Address: 1129 CYPRESS LANE
ELK GROVE VILL IL 60007

Director: _____

Address: _____

B. OFFICERS

President: JOSEPH A. DEFILIPPIS

Address: SAME AS ABOVE

Vice President: JOSEPH A. DEFILIPPIS

Address: SAME AS ABOVE

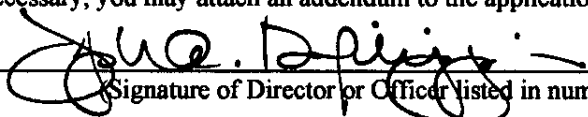
Secretary: JOSEPH A. DEFILIPPIS

Address: SAME AS ABOVE

Treasurer: JOSEPH A. DEFILIPPIS

Address: SAME AS ABOVE

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. JOSEPH A. DEFILIPPIS, PRESIDENT
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

File Number 6706-189-6



To all to whom these Presents Shall Come, Greeting:

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

DEFILIPPIS + ASSOCIATES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 10, 2010, 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 9TH day of APRIL A.D. 2010 .

Jesse White

Authentication #: 1009901410

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

SECRETARY OF STATE