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## COVER LETTER

TO: New Filing Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: Corplex Inc.	ation - must include suffix)
(Name of corpor	ation - must include surfax)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation is "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," o register the above referenced foreign corporation to
Please return all correspondence concerning this may	ter to the following:
(Name	of Person)
Robert Nanko (Name	
(Firm/	Сотрапу)
915 Sherwood Drive (A) Lake Bluff, Illinois (City/State	
(Ac	idress)
Lake Bluff Illinois	60044
(City/Star	e and Zip code)
	·
For further information concerning this matter, pleas	e call:
Robert Danko at (84	'7) 582-8800
(Name of Person) (Are	a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee Sectificate of Status	☐ \$78.75 Filing Fee & ☐\$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FILED

IN COMPLIANO REGISTER A FO	:E WITH SECTION 607.1503, FLORIDA SI DREIGN CORPORATION TO TRANSACT B	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLIGHTUL 29	₽ 3: 24
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION LLAHASSEE.	F-STATE FLORIDA
	,		
(If name unavai	lable in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florid	a)
2. Tlino	<u>/S3.</u>	<i>36-337739/</i>	<i>,</i> <del></del>
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>Jime.</u>		perpetual	<del></del>
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	)
6	n/a	T. 1. 10	<del>-</del>
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, it prior to registration)  22, F.S., to determine penalty liability)	
1. 915 She		Bluff II LONYY	
1.110 0110	(Principal office addre	$n_1 - 100$	<del></del>
	same	•	
	(Current mailing addre	ess)	_
8. may be	action of author of all author son all authors of consoration authorized in home state or cou	IMMINIS PUSICES COMPORATED	coracta iss Act di 83.
9. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	NRAI Services, Inc.	•	
Office Address:	2731 Executive Park Dr., Ste 4		
	Weston	Florida 33331	
	(City)	(Zip code)	•
Having been nam designated in this further agree to c	application, I hereby accept the appointme	e of process for the above stated corporation at the ent as registered agent and agree to act in this cap lative to the proper and complete performance of n ition as registered agent.	acity. I
<u> </u>	IRAI Services, Inc.	asst. Dec.	

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.

A. DIRECTORS Vice Chairman: Address: Director: T Address: \_ Address: B. OFFICERS 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)

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



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

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

CORPLEX, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 18, 1985, 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 #: 1020702008

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 26TH

day of

JULY

A.D.

2010

SECRETARY OF STATE