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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:		ng Section of Corporations						
SUBJ	ECT:	STILES,	INC.					
			Name of corp	oration - n	nust include suffix			
Dear S	ir or Mada	ım:						
"Certif	icate of Ex		rtificate of Goo	od Standin	horization to Transac g" and check are subn n Florida.			
Please	return all	correspondence o	concerning this	matter to	the following:			
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Sti	les.fl	orida@a	mail.com	m_	uture annual report no			
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For fur	ther inforn	nation concernin	g this matter, p	lease call:				
STAN	UMENH	IOFER	at ((941)	894-2357	<u>> 22</u>		
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		ng Section of Corporations			New Filing Sec Division of Cor		ယ္	
	Clifton B				P.O. Box 6327	Polations 22	3: 44	
		cutive Center Ci ee, FL 32301	rcle		Tallahassee, FL	32314	•	
Enclose	ed is a che	ck for the follow	ing amount:					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2012

STAN UMENHOFER 343 FIREHOUSE LANE LONGBOAT KEY, FL 34228-1172

SUBJECT: STILES SERVICES, INC.

Ref. Number: W12000003103

We have received your document for STILES SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 312A00003375

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 30 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIE

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2012

STAN UMENHOFER 343 FIREHOUSE LANE LONGBOAT KEY, FL 34228-1172

SUBJECT: STILES, INC. Ref. Number: W12000003103

We have received your document for STILES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 012A00001220 ==

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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. <u>STILES. INC.</u>
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
me., co., corp, me, co, or corp.)
STIES SERVICES, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>ILLINOIS</u> 3. <u>36-4197833</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. <u>12/8/1997</u> 5. <u>PERPETUAL</u>
(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)
7 242 PERPUNIER LAND. TOWERS TO THE 24220 1170
7. 343 FTREHOUSE LANE! LONGBOAT KEY, FL 34228-1172 (Principal office address)
343 FIREHOUSE LANGE LONGBOAT KEY, FL 34228-1172
343 FIREHOUSE LANGE LONGBOAT KEY, FL 34228-1172 (Current mailing address)
8. GENERAL CONSTRUCTION, CONSTRUCTION REMODEL (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: DOUGLAS D. STILES
Office Address: OYO FIREMOUSE / AND
Office Address: 343 FIREhouse LANE LONgboat Key , Florida 34228-1172 F
(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
lesignated 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 dutie
and I am familiar with and accept the obligations of my position as registered agent.
X // In Sec. 1 / X/
(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	FILED
Chairman: Douglas D. Stiles	12 FFR = 3 PM 3: LL
Address:	
Loves Park, IL 61111	SEUNETANT OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Directors	
Director:	
Address:	
B. OFFICERS	
President:DOUGLAS D. STILES	
Address:2104 CHARMAR DRIVE, LOVES PARK, IL 61111	
Loves Park, IL 61111	
Vice President: DOUGLAS D. STILES	
Address: 2104 CHARMAR Drive	
Loves Park, IL 61111	
Secretary: - DOUGLAS D. STILES	
Address: 2104 CHARMAR DRIVE, Loves Park, IL 61111	
Treasurer:DOUGLAS_D. STILES	
Address: 2104 CHARMAR DRIVE, Loves Park, IL 61111	
NOTE: If necessary you may attach an addendum to the application listing addit	ional officers and/or directors.
13. / Janes V/ John	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S.	
14. Douglas D. Stiles (Typed or printed name and capacity of person signing ap	nliation



To all to whom these Presents Shall Come, Greeting:

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

STILES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 08, 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 #: 1201300746

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 13TH day of

JANUARY

A.D.

2012

SECRETARY OF STATE