## F12000000904

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Littly Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only

## **COVER LETTER**

	w Filing Section vision of Corporations	
SUBJECT	r: PROGRESSIVE INVESTMENT MANAGEM	ENT INC.
	Name of corporation - must include suffix	
Dear Sir or l	Madam:	
"Certificate	ed "Application by Foreign Corporation for Authorization to Transact Be of Existence," or "Certificate of Good Standing" and check are submittenced foreign corporation to transact business in Florida.	
Please return	rn all correspondence concerning this matter to the following:	
Christop	pher Williams	
	Name of Person	
Cardina	al Investment Services, Inc.	
	Firm/Company	
5072 A	Annunciation Circle, Suite 317	
. <del></del>	Address	
Ave Mar	ria, FL 34142	
	City/State and Zip code	
serviceco	o@aol.com	
	E-mail address: (to be used for future annual report notif	ication)
For further i	information concerning this matter, please call:	
Christop	oher Williams at ( 239 ) 304-1679	
Nar	me of Person Area Code & Daytime Telephone	Number
New Divi Clift 266	REET/COURIER ADDRESS: w Filing Section wision of Corporations fton Building I Executive Center Circle lahassee, FL 32301  MAILING ADD New Filing Sectio Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Enclosed is	a check for the following amount:	
\$70.00	Filing Fee \$\ \sum \frac{\partial}{\partial}	\$87.50 Filing Fee, Certificate of Status &

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

	EWITH SECTION 607.1503, FLORIDA S REIGN CORPORATION TO TRANSACT	•			
ı Progressive l	nvestment Management Inc			12 F	
(Enter name of c	nvestment Management Inc. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	ATTARY OF S	EB 28 PH	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	sineŝs in	Florida	<u>a)</u>
2. Illinois	3	36-3142012	The latest	သ	
(State or country	under the law of which it is incorporated)	(FEI number, if applicab	le)		<del></del>
4. September 2	21, 1981 5.	Perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to exis	t or "perp	etual"	)
6. January 1, 2				· · · · · · · · · · · · · · · · · · ·	
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)			
<sub>7.</sub> 5072 Annur	nciation Circle, Suite 317, Ave	Maria FL 34142			_
	(Principal office add	•			
<u>5072 Annu</u>	nciation Circle, Suite 317, A				
	(Current mailing add	lress)			
8. Financial S	Services ) of corporation authorized in home state or co	ountry to be carried out in state of Florida)			_
	t address of Florida registered agent: (P.C	·			
Name:	Christopher Williams	<del></del>			
Office Address:	2075 Par Drive	*****			
	Naples	, Florida 34120			
	(City)	(Zip code)			
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints amply with the provisions of all statutes to with and accept the obligations of my po	ment as registered agent and agree to relative to the proper and complete per	act in th	is cap	acity. I
	(Registered agent's signature)				
the Department of	ertificate of existence duly authenticated, State, by the Secretary of State or other o hich it is incorporated.				

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

The state of the s	
A. DIRECTORS	
Chairman: Alain Jaspard	
Address: Ch. de la Clergere 23	Si i
Pully, Switzerland CH-1009	
Vice Chairman: N/A	711_1 28 ARY ASSI
Address:	
	5 3 5 3 5 3
Director: David Williams	ನ್ನೆಬ ೦
Address: 5072 Annunciation Circle, Suite 317	
Ave Maria, FL 34142	
Director: Joelle Pierret	
Address: 26B Rue Albert 1AR, Luxembourg City, Luxembourg	1117
B. OFFICERS	
President: Alain Jaspard	
Address: 5072 Annunciation Circle, Suite 317	
Ave Maria, FL 34142	
Vice President: Christopher Y. Williams	
Address: 5072 Annunciation Circle, Suite 317	
Audiess. Ave Maria, FL 34142	
Secretary: Christopher Y. Williams	
Address: 5072 Annunciation Circle, Suite 317, Ave Maria, FL 34142	
Treasurer: David Y. Williams	
Address: 5072 Annunciation Circle, Suite 317, Ave Maria, FL 34142	
NOTE: If necessary, you may attach an addendum to the application listing additional offic	ers and/or directors.
Signature of Director or Officer	

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Christopher Y. Williams, Vice President



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

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

PROGRESSIVE INVESTMENT MANAGEMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 21, 1981, 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.



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

Authentication #: 1205800570

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH

day of

**FEBRUARY** 

A.D.

2012

SECRETARY OF STATE