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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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		•	nalytics, LTD						
SCHOL	.c.i			ne of corpora	tion - mus	t include suffix			
Dear Sir	or Mad	lam:							
"Certific	cate of I	Existence		ate of Good	Standing":	rization to Trans and check are su lorida.			"
Please re	eturn al	corresp	ondence conce	erning this m	atter to the	following:			
Leonard	i F. Per	kins							
				Name	e of Person		,		<u> </u>
Leonard	l F. Peri	kins & As	ssociates						
			W-10	Firm/	Company				
1139 N.	Ridge	Avenue							
				A	ddress				
Arlingtor	n Heigh	ts, IL 600	004						
	,			City/Sta	te and Zip	code			
Lenperk	ins@co	mcast.ne	et						
			E-mail addi	ress: (to be us	sed for futu	re annual report	notification)	ı	
For furth	ner info	mation o	concerning thi	s matter, plea	se call:			SECA	2 <u>9</u>
Leonard	F. Perk	ins		at (847) 57	7-0757		SE SE	- 1
	Name o	of Person			rea Code &	: Daytime Telepl	none Numbe	7 PH 3	
1 I (New Fil Division Clifton 2661 Ex	ing Secti of Corp Building	orations Center Circle	ESS:		MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, i	ection Corporations 27	· · · · · · · · · · · · · · · · · · ·	
			ne following a	ımount:					
② \$70.0	00 Filing	g Fee	S78.75 Fi Certificat	ling Fee & te of Status		75 Filing Fee & fied Copy	Certif	Filing Fe ficate of Street 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. Legacy Analyti	ics, LTD, Inc.						
	corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	-			
Legacy Analyti	ics, LTD, Inc.						
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	•			
2. Illinois		3.					
	under the law of which it is incorporated)		(FEI number, if applicable)	-			
4. February 24, 2	2010	5.	Perpetual				
(Date	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")						
6. February 14, 2	011						
	(Date first transacted busine		n Florida, if prior to registration)	-			
		7.13	502, F.S., to determine penalty liability)				
7. 4902 Tollview D	rive, Rolling Meadows, IL 60008			-			
	(Principal office	addı	ress)				
4902 Tollview D	Drive, Rolling Meadows, IL 60008			•			
	(Current mailing	add	ress)				
· · · · · · · · · · · · · · · · · · ·	of any or all lawful businesses allowed		·	_			
(Purpose(s) of corporation authorized in home state o	r co	ountry to be carried out in state of Florida)				
). Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)				
Name:	NRAI Services, Inc.			7			
Office Address:	515 East Park Avenue		(T4				
	Tallahassee		, Florida 32301				
	(City)		(Zip code)	Seg.			
	gent's acceptance: ed as registered agent and to accept se	rvic	ce of process for the above stated corporation at the p	olacı			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: (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 bysmess addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Donald J. Fletcher			·-
Address: 4902 Tollview Drive, Rolling Meadows, IL 60008			
Vice Chairman: Daniel L. Hostetler			
Address: 4902 Tollview Drive, Rolling Meadows, IL 60008		· · · · · · · · · · · · · · · · · · ·	
Director: Marion Fletcher			
Address: 4902 Tollview Drive, Rolling Meadows, IL 60008			
Director: Margot Hechinger			
Address: 4902 Tollview Drive, Rolling Meadows, IL 60008			
B. OFFICERS			
President: Donald J. Fletcher			
Address: 4902 Tollview Drive, Rolling Meadows, IL 60008			
	Pa	18	
Vice President: Daniel L. Hostetler	A. C.	JUL S	77
Address:	388	_	
	rie de	Жd	[7]
Secretary: Marion Fletcher	70	<u>ဒူ</u> အ	
Address: 4902 Tollview Drive, Rolling Meadows, IL 60008	750	w	
Treasurer:	-		
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officer	rs and/or dire	ectors.	
(Signature of Director or Officer listed in number 12 of the application)	1	,	
4. Daniel L. Hostetler, Vice President			
(Typed or printed name and capacity of person signing application)			



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

LEGACY ANALYTICS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 24, 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 INCORPORATION IN THE STATE OF ILLINOIS IN THE S

12 JUL 11 PM 3:39



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of APRIL A.D. 2012.

Desse White