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| (Re                       | questor's Name)   |             |
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| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bu                       | siness Entity Nar | me)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to I | Filing Officer:   | · ·         |
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2012

SHARI TAYLOR 707 SKOKIE BLVD SUITE 600 NORTHBROOK, IL 60062

SUBJECT: SHARI TAYLOR AND COMPANY, CHARTERED

Ref. Number: W12000061285

We have received your document for SHARI TAYLOR AND COMPANY, CHARTERED 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 512A00029231

#### **COVER LETTER**

| TO: New Filing S<br>Division of O              |   |              |   |  |                        |          |
|--|---|--------------|---|--|------------------------|----------|
| CLI  | •   | ND (         | COMPANY, CH   | ARTERE   | )                      |          |
| SUBJECT: SIT                                   |   |              | n - must include suffix   |  |                        |          |
| Dear Sir or Madam:                             | ,   |              |   |  |                        |          |
| The enclosed "Appli<br>"Certificate of Existe  |   | ood Sta      | · Authorization to Transac<br>nding" and check are subr<br>ess in Florida.          |  |                        |          |
| Please return all corr                         | espondence concerning th                  | is matte     | er to the following:  |  |                        |          |
|  | 1   | lame of      | Person  |  |                        |          |
| SHARI TAY                                      | LOR AND CO.,                              | CHA          | ARTERED   |  |                        |          |
|  | F   | irm/Con      | npany   |  |                        |          |
| 707 SKOKIE                                     | BOULEVARD                                 | , SU         | ITE 600   |  |                        |          |
| NORTHBRO                                       | OOK, ILLINOIS                             | Addr<br>6006 |   |  |                        |          |
|  | ·   |              | and Zip code  |  |                        |          |
| STAYLOR@                                       | SHARITAYLORA                              |              |   |  |                        |          |
| For further informati                          | E-mail address: (to                       |              | for future annual report no   | otification)   | SEOHE JAH<br>MIT AHASS | 2 0EC 28 |
| SHARI TAY                                      | LOR at (                                  | 347          | , 291-0192  |  |                        | ,Tibe    |
| Name of Per                                    |   |              | Code & Daytime Telepho  | ne Number  | STATE                  | 4 10: 05 |
| New Filing S<br>Division of C<br>Clifton Build | Corporations<br>ling<br>ive Center Circle |              | MAILING AE<br>New Filing Sec<br>Division of Cor<br>P.O. Box 6327<br>Tallahassee, FI | ction<br>rporations                                    |                        |          |
| Enclosed is a check t                          | or the following amount:                  |              |   |  |                        |          |
| □ \$70.00 Filing Fee                           | \$78.75 Filing Fee<br>Certificate of Sta  |              | 3 \$78.75 Filing Fee & Certified Copy   | <b>\$87.50</b> Filin<br>Certificate of<br>Certified Co | of Status              | &        |

## 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.

| SHARLI                                 | AYLOR AND COMPANY, LT  | D  |                |
|--|--|--|----------------|
|  | able in Florida, enter alternate corporate name adopt  |  | ess in Florida |
| ILLINOIS                               | <del></del>  | 5-3097631  |                |
| •                                      | under the law of which it is incorporated)   | (FEI number, if applicable)  |                |
| JANUAR                                 | Y 2, 1981 5. PE  | ERPETUAL   |                |
| •                                      | ·  | ration: Year corp. will cease to exist o   | r "perpetual") |
| JANUAR                                 | .Y   |  |                |
|  | (Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F   |  |                |
| 138 PAL                                | 1 COAST PKWY, NE - SUITE   | • • •  | 1 3213         |
| TOO I ALI                              | 1 OOMO! I KWI, IVE - OOHE  | TOO. I MEIVI OUMUI. I  | L UL 1 U I     |
| ······································ | · · · · · · · · · · · · · · · · · · ·  |  |                |
| 707 SKO                                | (Principal office address)   |  |                |
| 707 SKOI                               | · · · · · · · · · · · · · · · · · · ·  |  |                |
|  | (Principal office address) (IE BLVD., SUITE 600 NORTH  (Current mailing address)   |  |                |
| ANY AN                                 | (Principal office address) KIE BLVD., SUITE 600 NORTH (Current mailing address) D ALL LAWFUL BUSINESS  | IBROOK, ILLINOIS 600   |                |
| ANY AN                                 | (Principal office address) (IE BLVD., SUITE 600 NORTH  (Current mailing address)   | IBROOK, ILLINOIS 600   |                |
| ANY AN                                 | (Principal office address) KIE BLVD., SUITE 600 NORTH (Current mailing address) D ALL LAWFUL BUSINESS  | IBROOK, ILLINOIS 600   |                |
| ANY AN (Purpose) Name and stre         | (Principal office address)  KIE BLVD., SUITE 600 NORTH  (Current mailing address)  D ALL LAWFUL BUSINESS  s) of corporation authorized in home state or country  | IBROOK, ILLINOIS 600   |                |
| ANY AN (Purpose) Name and stre         | (Principal office address)  KIE BLVD., SUITE 600 NORTH  (Current mailing address)  D ALL LAWFUL BUSINESS  s) of corporation authorized in home state or country  et address of Florida registered agent: (P.O. Bo                | IBROOK, ILLINOIS 600  to be carried out in state of Florida)  ox NOT acceptable) |                |
| ANY AN (Purpose) Name and stre         | (Principal office address)  KIE BLVD., SUITE 600 NORTH  (Current mailing address)  D ALL LAWFUL BUSINESS  a) of corporation authorized in home state or country  et address of Florida registered agent: (P.O. Both SHARI TAYLOR | IBROOK, ILLINOIS 600  to be carried out in state of Florida)  ox NOT acceptable) |                |

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.

(Registered agent's signature)

<sup>11.</sup> 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.

|   | _ | ŋ  |
|---|---|----|
| 1 |   | 7  |
| 1 |   | ٦. |

| 12. Name    | es and business addresses of officers and/or directors:   |              |             |
|-------------|---|--------------|-------------|
| A. DIRE     |   |              |             |
| Chairman:   | SHARI TAYLOR  |              |             |
| Address: _  | 707 SKOKIE BLVD, SUITE600   |              |             |
| _           | NORTHBROOK, ILLINOIS 60062  |              |             |
| Vice Chair  | man: NONE   |              |             |
|             |   | <del></del>  |             |
|             |   |              |             |
| Director:   | SAME  |              | <del></del> |
| Address: _  |   | ·            |             |
| _           |   | <del></del>  | <del></del> |
| Director:   |   |              | <u> </u>    |
| Address: _  |   | . <u>.</u> . | <del></del> |
| -           |   |              |             |
| B. OFFI     | CERS  |              |             |
| President:  |   |              |             |
| Address: _  | 707 SKOKIE BLVD., SUITE 600   |              |             |
| _           | NORTHBROOK, ILLINOIS 60062  | 7.0          | A           |
| Vice Presid | dent: SAME  | <u> </u>     | 30 E        |
|             |   | JASS:        | 28          |
| -           |   | 77 H         | A           |
| Secretary:  | SAME  | STAI         | 10:         |
| Address:    |   | ZIII         | <u>S</u>    |
|             | SAME  |              |             |
| Address: _  |   |              |             |
| NOTE: 1     | If necessary, you may attach an addendum to the application listing additional officers and/or di   | rectors.     |             |
|             | Stavi Sayler  |              |             |
|             | Signature of Director or Officer  | a stated by  | anain       |
| are true a  | er or director signing this document (and who is listed in number 12 above) affirms that the fact<br>nd that he or she is aware that false information submitted in a document to the Department of S |              |             |
|             | gree felony as provided for in s.817.155, F.S.  ARI TAYLOR  |              |             |
| 14 014      |   | •            |             |

(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

SHARI TAYLOR AND COMPANY, CHARTERED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 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 ASSOCIATION OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

12 DEC 28 AM 10: 05



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 NOVEMBER A.D. 2012.

Desse White

Authentication #: 1231400593 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

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