

F13000000197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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13 JAN 14 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 15 2013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Interworx USA, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Randy Enochian

Name of Person

Interworx USA, Inc.

Firm/Company

3687 N Elston Ave

Address

Chicago, IL 60618

City/State and Zip code

sara@interworxusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Enochian

Name of Person

at (847) 7245498

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified 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

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1. **Interworx USA, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Illinois**

(State or country under the law of which it is incorporated)

3. **36-4341101**

(FEI number, if applicable)

4. **January 12, 2000**

(Date of incorporation)

5. **perpetual**

(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. **3687 N Elston Ave, Chicago, IL 60618**

(Principal office address)

1423 Woodlawn Ave, Glenview, IL 60025

(Current mailing address)

8. **Install Interior Cabinets**

(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:

Robert E. Keeling

Office Address:

2120 Otterbein Av.

Cocoa

(City)

, Florida

32926

(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 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.

Robert E. Keeling

(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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Randy Enochian

Address: 1423 Woodlawn Ave, Glenview, IL 60025

Vice President: _____

Address: _____

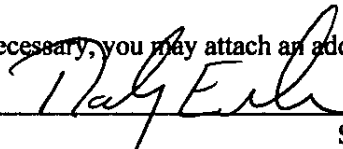
Secretary: Sara Enochian

Address: 1423 Woodlawn Ave, Glenview, IL 60025

Treasurer: Sara Enochian

Address: 1423 Woodlawn Ave, Glenview, IL 60025

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

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. Sara Enochian Secretary/Treasurer

(Typed or printed name and capacity of person signing application)

FILED
13 JAN 14 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 32304

File Number

6085-988-4



To all to whom these Presents Shall Come, Greeting:

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

INTERWORX U.S.A., INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 12, 2000, 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.



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 JANUARY A.D. 2013 .

Jesse White

Authentication #: 1300901986

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

SECRETARY OF STATE