(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SHRIFT. Stamper Ch	eese Company, Inc.
SUBJECT: Stamper Ch Name of cor	poration - must include suffix
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida," bod Standing" and check are submitted to register the t business in Florida.
Please return all correspondence concerning th	s matter to the following:
Bret Stamper	
	ame of Person
Stamper Chee	rm/Company, Inc.
, Fi	rm/Company
2216 W. Hubban	. 4
	Address
Chicago, IL	60617 /State and Zip code - Qyahoo. Com e used for future annual report notification)
City	/State and Zip code
bret_stampe	e used for future appual report notification)
For further information concerning this matter,	please call:
Bret Stamper all	503 799 - 2149 3 505 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
	ာ မြို့မြို့ တို့ မြို့မြို့
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 State	

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. Stamper Cheese Company, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Illinois 3. 33-1168770 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Sept 4, 2007 (Date of incorporation) 5. perpetval (Duration: Year corp. will cease to exist or "perpetual")
6. December 15th, 2013 (Approximate) (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2216 W Hubbard Chicago, IL 60612 (Principal office address)
^
Same
(Current mailing address)
8. Sell Cheese (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)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Rich Olson
Office Address: 34552 Smart Dr
Zephyshills , Florida 33541 5 3 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(City) (Zip code)
10. Registered agent's acceptance:

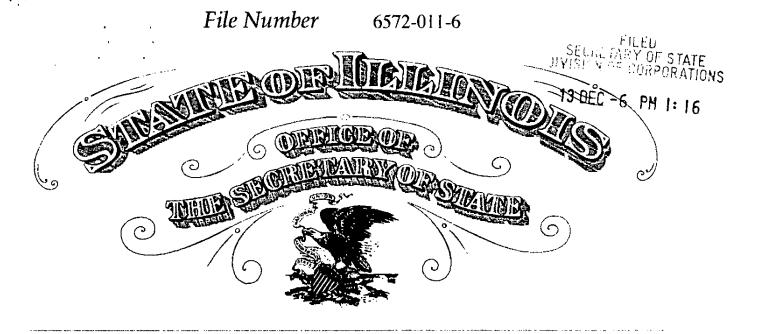
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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)

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: __ 13 DEC -6 PH 1: 16 Address: Address: Director: Address: Director: Address: ___ **B. OFFICERS** President: Vice President: Address: ___ Address: Treasurer: ____ NOTE: If necessary you may attach an addendum to the application listing additional officers 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.

(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

STAMPER CHEESE COMPANY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 04, 2007, 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.



my hand and cause to be affixed the Great Seal of

the State of Illinois, this 2ND

day of

DECEMBER

A.D.

In Testimony Whereof, I hereto set

2013

Desse White

SECRETARY OF STATE