# F1400000969

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PICK-UP	WAIT	MAIL		
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. (Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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### **COVER LETTER**

TO:	New Filing Division o						
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Dear S	Sir or Madan	n:					
"Certi	ficate of Exi	stence,"	or "Certificate	of Good S		check are sul	ect Business in Florida," omitted to register the
Please	return all co	orrespond	lence concern	ing this ma	atter to the following	owing:	
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	New Filin Division of Clifton Bu 2661 Exec	g Section of Corpor ailding cutive Ce	ations nter Circle	S:	] ]	MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, l	ection orporations 7
	Tallahasse	ee, FL 32	2301				
Enclo	sed is a chec	k for the	following am	ount:			
<b>□</b> \$7	0.00 Filing I	Fee □	\$78.75 Filin Certificate		S78.75 F Certified		\$87.50 Filing Fee, Certificate of Status &



February 21, 2014

LINDA TURNER P.O. BOX 366 LAUREL, FL 34272

SUBJECT: ADNIL SERVICES INC. Ref. Number: W14000011605

We have received your document for ADNIL SERVICES INC. 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 entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 414A00003981

www.sunbiz.org

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

Α,	Anil Services INCI		+
(Enter name of co	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")	EN CONTRACT	R-3 A
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting busing	nessúñ Fl	orida)
IL	3. 203048014		, 10
(State or country	inder the law of which it is incorporated) (FEI number, if applicable	)	
411	2 09/12/2012 5. PERDETUAL		
(Date	of incorporation) (Duration: Year corp. will cease to exist	or "perpe	tual")
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
2504	Tamains Trail North Nokomis	FI	3427
P.O. 30	(Principal office address)		
	(Current mailing address)		
Rein	nite.		
(Purpose(s	of corporation authorized in home state or country to be carried out in state of Florida)		
Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	Linda Turner		
ffice Address:	2504 Tamana Trail North Swit	£3	
	Nokomis , Florida 34275		
	(City) (Zip code)		
laving been nam esignated in this orther agree to c	ent's acceptance:  ed as registered agent and to accept service of process for the above stated corp  application, I hereby accept the appointment as registered agent and agree to o  mply with the provisions of all statutes relative to the proper and complete per  amiliar with and accept the obligations of my position as registered agent.	act in th	is capacii
	Linda Ture		

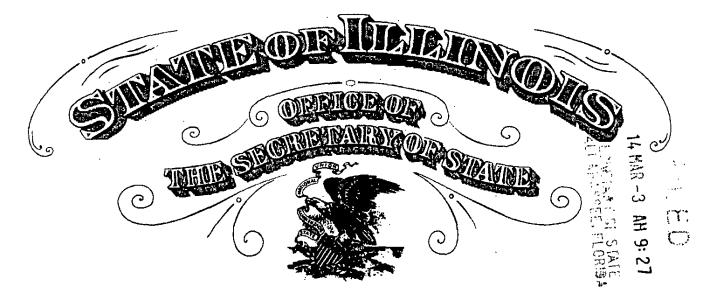
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:	AT - 1 AFT	<u>+</u>	· to
Address:	<u>&gt;</u>	落	Total
·	7. 7. S.	ن	, ,,,,,,,,,
Director:	177 g.; 	H 9:	i i
Address:	97	2	
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Director:			
Address:			
B. OFFICERS			
President: Dennis Turner			
Address: 1086 Ancora Blub			
Venice 71 34275			
Vice President: Unda Turre			
Address: 1086 Ancara Blus			
Vence F1 34275			
Secretary: Same as a bone			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or direct	ors.	
13. Linda luru Linda luru Signature of Director or Officer			_
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S.	he facts sta ent of State	consti	
11 Lihda lime I la Ca	144.	<b>1</b>	

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

## File Number

6857-495-1



# 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

ADNIL SERVICES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 11, 2012, 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 2ND

the State of Illinois, this

day of **JANUARY** 

Authentication #: 1400200273 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE