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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	s of Status				
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SECRETARY OF STATE

W14-256

COVER LETTER

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SUBJECT		Enterprise	s. Inc.		
SUBJECT				- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or N	∕ladam:		·		
"Certificate	of Existence,		of Good Star	nding" and check are s	sact Business in Florida," ubmitted to register the
Please return	all correspo	ndence concernin	g this matte	r to the following:	
Lynn Lo	ckwoo	d	_	·	
			Name of	Person	<u> </u>
Tobe E	nterpris	es. Inc			
			Firm/Con	pany	
605 Te	ritorial	Drive, Unit		•	
			Addr	ess	
Bolingb	rook, IL	60440			
. A6 3			City/State a	nd Zip code	
llockwoo	d@tobe	direct.com			
		E-mail address:	(to be used t	or future annual repor	notification)
For further in	formation co	oncerning this ma	ter, please o	eall:	
Diane k	(ilner	0.0	,812	、670-3405	
Nam	e of Person	a	Area	670-3405 Code & Daytime Telep	hone Number
New Divis Clifte 2661 Talla	Filing Section of Corporation Building Executive Chassee, FL 3	enter Circle	nt:	MAILING Solvision of Control P.O. Box 63: Tallahassee,	Section Corporations 27
≣ \$ 70.00 Fil	ing Fee (3 \$78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2014

LYNN LOCKWOOD 605 TERRITORIAL DR UNIT C BOLINGBROOK, IL 60440

SUBJECT: TOBE ENTERPRISES, INC.

Ref. Number: W1400000256

We have received your document for TOBE ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 514A00000102



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2014

LYNN LOCKWOOD 605 TERRITORIAL DR UNIT C BOLINGBROOK, IL 60440

SUBJECT: TOBE ENTERPRISES, INC.

Ref. Number: W14000000256

RECEIVED

14 HAR -7 M 9 47

SEVERIORE FORDA

We have received your document for TOBE ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 514A00000102

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.

Tobe Di	rect					
(If name unava	ilable in Ftorida, enter alternate corporate nan	ne adopted for the purpose of transacting busine	ess in Florida)			
KY		, 61-1143788				
· ———	y under the law of which it is incorporated)	(FEI number, if applicable)				
8/15/198	_{5.} perpetual					
	e of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")			
January	1, 2014					
9700 Par		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)				
	 	 				
·	(Principal office a	ddress)				
·	 	ddress) rook, IL 60440				
605 Terri	(Principal office actorial Drive, Unit C, Bolingb	ddress) rook, IL 60440	TALI SEC			
605 Terri	(Principal office actorial Drive, Unit C, Bolingb	ddress) rook, IL 60440 ddress)	14 MAR SECRE			
Sales (Purpose)	(Principal office action of the control of the cont	ddress) rook, IL 60440 ddress) country to be carried out in state of Florida)	SECRETAR TALLAHASS			
Sales (Purpose)	(Principal office action of the control of the cont	ddress) rook, IL 60440 ddress) country to be carried out in state of Florida)	-7			
Sales (Purpose) Name and stre	(Principal office actorial Drive, Unit C, Bolingb (Current mailing act) s) of corporation authorized in home state or et address of Florida registered agent: (F	ddress) rook, IL 60440 ddress) country to be carried out in state of Florida)	-7 PH			
Sales (Purpose) Name and stree	(Principal office action of the content of the cont	ddress) rook, IL 60440 ddress) country to be carried out in state of Florida)	-7 PH			

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

Chairma	n: Joh	in Tobe			<u>.</u>							······		
Address:	825	Wedge	Drive,	Naple	s, FL	340	13				 			
Vice Cha	irman: _		· · · · · · · · · · · · · · · · · · ·											
Audiess.														
Director:					·	·-···		-						
Address:				 						· · · · · · · · · · · · · · · · · · ·				
Director:														
Address:												- ,		
B. OFF President Address:	Joh	n Tobe Wedge	Drive,	Naples	s, FL	340	13			· ·				
Vice Pres	ident: _													
Address:											<u> </u>	SEO	7	
												AH	20	, , 's
Secretary												SSE YSE	-7	£-4- 1
_													PH :	3 m
Treasurer		<u> </u>										TAT OKTO	3:2	
Address:						_				,		>'''		
NOTE:		sary, you n						sting ad	ditional	officers a	and/or d	irectors		
13			_//	1-	1	·	r or Offi			<u></u>		<u></u>		
are true a a third de	ind that gree fel	rector signine he or she is ony as prov	aware tha	cument (an t false info n s.817.155	of who is rmation 5, F.S.	s fisted	in numb	er 12 at	oove) afi ent to the	irms that Departr	the fac	ts stated State co	l herei nstitut	n ies
14. <u>Joh</u>	nn iol	be, Pres	siaenvL	rector	1		·		annliaat	ion)				

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 147145

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TOBE ENTERPRISES, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is August 23, 1988 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent amount report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed risk Official Seal at Frankfort, Kentucky, this 19th day of January, 2014, in the 222nd year of the Commonwealth.

AIE RIDA



Alison Lundergan Grimes

Secretary of State

 $Commonwealth\ of\ Kentucky.$

147145/0247466

John Line