

F140000004605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

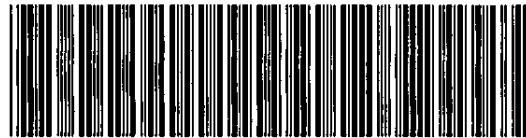
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265951543

10/29/14--01007--004 **87.50

14 OCT 29 PM 4:15
RECEIVED
TALLAHASSEE FL 32304

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CB Recovery Group, 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:

Patrick Czupryna

Name of Person

CB Recovery Group, Inc.

Firm/Company

1821 Walden Office Square, Suite 395

Address

Schaumburg, IL 60173

City/State and Zip code

cbrg@cbrgi.com

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

For further information concerning this matter, please call:

Patrick Czupryna

Name of Person

at (224) 856-4228

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

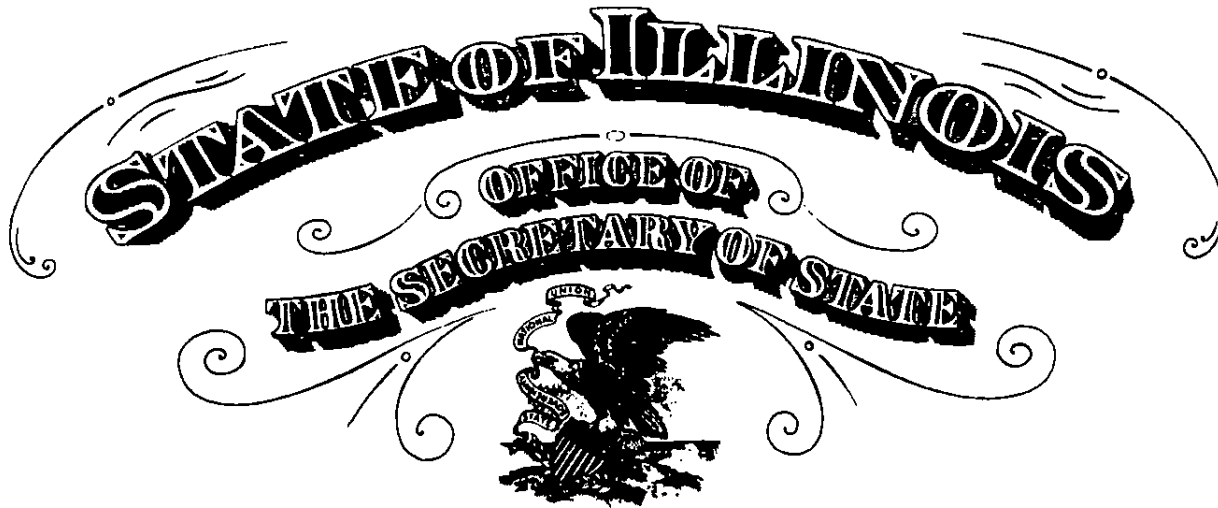
MAILING ADDRESS:

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

File Number 6937-742-4



To all to whom these Presents Shall Come, Greeting:

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

CB RECOVERY GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 2014, 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.

14 OCT 29 PM 4:15
OFFICE OF THE SECRETARY OF STATE
JESSE WHITE



Authentication #: 1429700448

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of OCTOBER A.D. 2014 .

Jesse White

SECRETARY 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. **CB Recovery Group, 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. **46-4394366**

(FEI number, if applicable)

4. **January 2, 2014**

(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. **1821 Walden Office Square, Suite 395, Schaumburg, IL 60173**

(Principal office address)

1821 Walden Office Square, Suite 395, Schaumburg, IL 60173

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Jerzy Czupryna

Office Address:

14918 Camargo Place

Lakewood Ranch

(City)

, Florida

34202

(Zip code)

14 OCT 29 PM 4:15
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jerzy Czupryna

Address: 600 North Lake Shore Drive, APT 3802

Chicago, IL 60611

Vice Chairman: Scott Bays

Address: 1790 Indian Wells Circle

Elgin, IL 60123

Director: Patrick Czupryna

Address: 764 Whalom Lane

Schaumburg, IL 60173

Director: Michael Czupryna

Address: 764 Whalom Lane

Schaumburg, IL 60173

B. OFFICERS

President: Jerzy Czupryna

Address: 600 North Lake Shore Drive, APT 3802

Chicago, IL 60611

Vice President: Scott Bays

Address: 1790 Indian Wells Circle

Elgin, IL 60123

Secretary: Michael Czupryna

Address: 764 Whalom Lane, Schaumburg, IL 60173

Treasurer: Patrick Czupryna

Address: 764 Whalom Lane, Schaumburg, IL 60173

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

12. _____

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.

13. Jerzy Czupryna

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