F150000000042

. (Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	LN4-7L	.905

Office Use Only

1070,4099,671



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DEPARTMENT OF STATE

14 DEC 30 PH 12: 48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[JAN - 6 2015 G. McLEOD

ACCOUNT NO. : 12000000195
REFERENCE : 426993 5010487
AUTHORIZATION :
COST LIMIT : 70.00
ORDER DATE: December 18, 2014
ORDER TIME : 12:54 PM
ORDER NO. : 426993-010
CUSTOMER NO: 5010487
FOREIGN FILINGS
NAME: NP MANAGEMENT, INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935
EXAMINER:

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COVER LETTER

TO:	FO: New Filing Section Division of Corporations			
SUBJ	ECT: NP Mai	nagement, Inc.		
3020.		Name of corpora	ation - must include suffix	
Dear S	ir or Madam:			
"Certifi	icate of Existen	ation by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Standing" and check are su	
Please	return all corres	pondence concerning this m	atter to the following:	
		Name	e of Person	
		Firm/0	Company	
		A	ddress	
		City/Sta	te and Zip code	
		E-mail address: (to be us	ed for future annual report	notification)
For furt	her information	concerning this matter, plea	se call:	
		at ()	
	Name of Perso	n Ar	ea Code & Daytime Teleph	one Number
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301		ection orporations 7	
	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.

.l	GEMENT, INC.			_
	of corporation; must include "INCORP," "Corp." "Inc," "Co," or "Corp.")	ORATED," "COMPANY," "COI	RPORATION,"	
NP MAN	IAGEMENT GROUP, INC.			
(If name una	available in Florida, enter alternate corpo	orate name adopted for the purpose	of transacting business in Florida)	-
2. Illinois		36-3834132		
	ountry under the law of which it is incorp		number, if applicable)	-
4. 12/09/199	1	Perpetual 5.		
	Date of incorporation)		will cease to exist or "perpetual")	-
4				
6		business in Florida, if prior to regi		-
475 W. TEF	RRA COTTA AVE., #A-2, CRYSTAL	·	,	
7		office address)		-
475 W. TEI	RRA COTTA AVE., #A-2, CRYSTAL	·		
		nailing address)		-
		,	14. SE	
8. Name and	street address of Florida registered a	gent: (P.O. Box NOT acceptal	ole) LARE DE	Care of
Name	Corporation Service Company		C 30 ETAR HASS) Constant
Office Addres	1201 Hays Street s:		PHI EE FI	776 H
	Tallahassee	32301 , Florida	PH12: 49 OF STATE FLORID	Land Lands
	(City)	(Zip	code)	
Having been i designated in further agree	agent's acceptance: named as registered agent and to acthis application, I hereby accept the to comply with the provisions of all am familiar with and accept the oblic Corporation Service Company	e appointment as registered ago statutes relative to the proper igations of my position as regis	ent and agree to act in this cape and complete performance of n	icity. I
		d agent's signature)	Maat. Vico	

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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:ROBERT ROHLWING
Address: 475 W. TERRA COTTA AVE., #A-2
CRYSTAL LAKE, IL 600140000
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
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 and deliver the deliver 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 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. ROBERT ROHLWING, President

File Number

5663-359-6



To all to whom these Presents Shall Come, Greeting:

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

NP MANAGEMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 1991, 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.



Authentication #: 1435301144

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of

DECEMBER

A.D.

2014

Desse White

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

SECRETARY OF STATE