(Re	questor's Name)			
•	,			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		·		

Office Use Only



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mD als

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
<b>SUBJECT:</b> BITCO Corporation	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	inding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Nicholas Broughton	
Name of	Person
BITCO Corporation	
Firm/Cor	npany
320 18th St.	
Addı	ress
Rock Island, IL 61201	
City/State a	and Zip code
Nicholas.Broughton@bitco.co	m
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Nicholas Broughton at (309	732-0353
Name of Person 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 & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

I	Corporation	677	MAN 2
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION," SALES	6 PH 4:
(If name unavail		adopted for the purpose of transacting business in Florida) 36-3549935	29
~	ry under the law of which it is incorporated) 987	(FEI number, if applicable)	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability) 201	
**	(Principal office adding 1 St. Rock Island, IL 61	ress)	
after ag a mayfi fir i fir finn a thladd diadeleging a cer	(Current mailing addi	ress)	
8. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)	
Name:	Stephen Coonrod		
Office Address:	1709 Hermitage Blvd., Suite 200		
	Talahassee	, Florida 32302	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appointm	ce of process for the above stated corporation at the potent as registered agent and agree to act in this capacelative to the proper and complete performance of my position as registered agent.	city. I
auties, and I am J	A		

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. See enclosed from Deloware Secretary

of State.

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

A. DIRE		
Chairman:	Al Zucaro	が、
Address:	207 N. Minkings Acce	超复工
	Chicago, IL 60601	過る万
Vice Chair	Scott Rager (*no vice chairman designation)	17 2 O
Address:	307 N. Michigan Ave.	#: 29
<del>-</del>	Chicago, IL 60601	<u> </u>
Director:	Karl Mueller	
Address:	307 N. Michigan Ave.	
_	Chicago, IL 60601	
Director:	James Kellogg	
Address:	307 N. Michigan Ave.	- · · · · - · · · · · · · · · · · · · ·
	Chicago, IL 60601	
B. OFFI	CERS	
President:	Vince Lamb	
Address:	320 18th St.	
	Rock Island, IL 61201	
Vice Presi	Mark Jorgenson	
Address:	320 18th St.	
_	Rock Island, IL 61201	
Secretary:	Janine Happ	
Address: _	320 18th St. Rock Island, IL 61201	
Treasurer:	Dennis VanderVinne	
Address: _	320 18th St. Rock Island, IL 61201	
NOTE: I	If necessary, you may attach an addendum to the application listing additional officers and	or directors.
12	Janua Saga	
The office	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the	e facts stated herein
are true ai	nd that he or she is aware that false information submitted in a document to the Departmen gree felony as provided for in s.817.155, F.S.	t of State constitutes
	nine Happ, Secretary	
	(Typed or printed name and capacity of person signing application)	

# Delaware

PAGE :

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BITCO CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF

OCTOBER, A.D. 2014.

FILED

15 JAN 26 PN 4: 29

SECRETARY OF STATE
TALL HIMSSEE, FI OBJECT

2145243 8300

141348496

AUTHENTICATION: 1827685

DATE: 10-31-14

You may verify this certificate online at corp.delaware.gov/authver.shtml