

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FOREIGN PROFIT/NONPROFIT CORPORATION

Locks Rock, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

	Filing Sec sion of Co			
SUBJECT		LOCI	KS ROCK, INC.	
SODJECI	•	Name of corporat	ion - must include suffix	
Dear Sir or 1	Madam:			
"Certificate	of Existence	tion by Foreign Corporation se," or "Certificate of Good Sen corporation to transact bus	Standing" and check are sub	
Please return	all corresp	pondence concerning this ma	tter to the following:	
		Janio	ce Null	
		Name	of Person	
		InCorp Se	ervices, Inc.	
		Firm/C	Company	
		2360 Corporate	Circle, Suite 400	
		Ac	ldress	
		Henderson	n, NV 89074	
		City/Stat	te and Zip code	
			rts@incorp.com	
		E-mail address: (to be us	ed for future annual report i	notification)
For further i	nformation	concerning this matter, plea	se call:	
anice Null f	or inCorp	Services, Inc. at (702	866-2500	
Nai	ne of Perso	on Ar	ea Code & Daytime Teleph	one Number
Nev Div Clif 266	v Filing Sec ision of Co ton Buildin	rporations g c Center Circle	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is	a check for	the following amount:		
□ \$7 0.00 F	iling Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status Certified Copy

H150000697443

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.

	LOCKS ROCK, INC. (Enter name of corporation; must include "INCORPORATEL" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")) ,"	"COMPANY," "CORPORATION,"	-	
	(If name unavailable in Florida, enter alternate corporate nam	e a	dopted for the purpose of transacting business in Florida)		
2,	Illinois	3.	47-1755046	_	
	(State or country under the law of which it is incorporated)	•	(FEI number, if applicable)		
4	09/04/2014	5	Perpetual		
٠,	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	_	
6.	Upon registration				
U.	(SEE SECTIONS 607.1501 & 607.	.1,5	Florida, if prior to registration) 02, F.S., to determine penalty liability)	. 2015	
7.	3223 Lake Avenue #15C, Wilmette, IL 60091	1	3> <u>2.</u>		
-	(Principal office ad	ddr	ess) ·	250 	Y
	3223 Lake Avenue #15C, Wilmette, IL 60091		<u>い</u> た	ص _	_
	(Current mailing ac	ddr	ess)		
8.	Name and street address of Florida registered agent: (Figure 1) Name: InCorp Services, Inc.	P.O	D. Box NOT acceptable)	01:11	C
O	ffice Address: 17888 67th Court North				
υ.	Loxahatchee		, Florida33470		
	(City)		(Zip code)		
Ho de fu	Registered agent's acceptance: aving been named as registered agent and to accept seesignated in this application, I hereby accept the appoin wither agree to comply with the provisions of all statute, tties, and I am familiar with and accept the obligations	nin S F	nent as registered agent and agree to act in this cap elative to the proper and complete performance of	acity.	
	Janice July	2	Janice Null on behalf of InCorp Service	es, In	C.
	(Registered agent's	-	•		
10). Attached is a certificate of existence duly authenticate	ed,	not more than 90 days prior to delivery of this appli	cation	to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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11. Name	s and business addresses of officers and/or directors:
A. DIRE	
Chairman:	Elizabeth Porikos-Gorgees
Address: _	3223 Lake Avenue #15C
_	Wilmette, IL 60091
Vice Chair	man:
Address: _	
Director:	
Address:	
_	
Director:	
Address:	
_	
B. OFFI	CERS
President	Elizabeth Porikos-Gorgees
Address:	3223 Lake Avenue #15C
_	Wilmette, IL 60091
Vice Presid	lent:
Address:	
_	
Secretary:	Elizabeth Porikos-Gorgees
Address:	3223 Lake Avenue #15C, Wilmette, IL 60091
Treasurer:	
Address:	
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	
are true as	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13	Elizabeth Porikos-Gorgees, President
	(Typed or printed name and capacity of person signing application)

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File Number

6978-817-3



To all to whom these Presents Shall Come, Greeting:

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

LOCKS ROCK, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 04, 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.



Authentication #: 1507801794
Authenticate at: http://www.cyberdriveillinols.com

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

MARCH

A.D.

2015

SECRETARY OF STATE

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