F15000001400

(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

600271034356

03/27/15--01028--006 **87.50

FILED
15 MAR 27 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2015

S. GILBERT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ollmann Associates Architects, P.C.
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:

Wendy Esparza
Name of Person

Ollmann Associates Architects, P.C. (DBA - Ollmann Ernest Martin Architects)
Firm/Company

509 S. State Street
Address

Belvidere, IL 61008
City/State and Zip code

wesparza@oaarch.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Ollmann at (815) 544-7790
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 & 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.

1. Ollmann Associates Architects, P.C. corp.
(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. 20-0773448
(FEI number, if applicable)

4. February 24, 2004
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 509 S. State Street, Belvidere, IL 61008
(Principal office address)

509 S. State Street, Belvidere, IL 61008
(Current mailing address)

FILED
15 MAR 27 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation (City), Florida 33324 (Zip code)

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.

Angel Nunez
Assistant Secretary
(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: Paul Ollmann/Director

Address: 509 S. State St.

Belvidere, IL 61008

Vice Chairman: Jeffrey Ernest/Director

Address: 509 S. State St.

Belvidere, IL 61008

Director: Wendy Martin/Director

Address: 509 S. State St.

Belvidere, IL 61008

Director:

Address:

B. OFFICERS

President: Paul Ollmann

Address: 509 S. State St.

Belvidere, IL 61008

Vice President: Jeffrey Ernest

Address: 509 S. State St.

Belvidere, IL 61008

Secretary: Lori Ollmann

Address: 509 S. State St., Belvidere, IL 61008

Treasurer: Wendy Martin

Address: 509 S. State St., Belvidere, IL 61008

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. Paul Ollmann, President/Director

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

File Number 6336-552-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

OLLMANN ASSOCIATES ARCHITECTS, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 24, 2004, 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.

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* MARCH *A.D.* 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1508301732

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