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COVER LETTER

	Filing Sectio				
SUBJECT:	·	Associates A	Architect	s, P.C.	
SUDJECT:				on - must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence,"		of Good St	or Authorization to Transac anding" and check are sub ness in Florida.	
Please return	all correspon	dence concernin	g this matt	er to the following:	
Wendy Es	parza				
			Name o	f Person	
Ollmann A	ssociates /	Architects, P.	C. (DBA	- Ollmann Ernest Ma	rtin Architects)
		***	Firm/Co	mpany	-
509 S. Sta	ate Street				
			Add	iress	
Belvidere	, IL 6100	8			
		· 	City/State	and Zip code	
wesparza(@oaarch.c				
		E-mail address:	(to be used	I for future annual report n	iotification)
For further in	formation co	ncerning this ma	tter, please	e call:	
Paul Ollm	ann		815 at (、544 - 7790	
Nam	e of Person		Area	a Code & Daytime Telepho	one Number
New Divis Clifto 2661	EET/COURI Filing Section ion of Corpoon Building Executive Contact Security Contact Security	rations enter Circle	:	MAILING AN New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a	check for the	following amou	int:		
□ \$70.00 Fil	ing Fee 🛚 🕻	\$78.75 Filing Certificate of		□ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

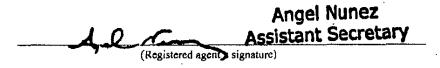
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(Enter name of	Associates Architects, P.C. COP corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORA"	TION,"	
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of trans	acting business in Florida)	
2 Illinois		20-0773448		
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)		
4. February 24, 2004		Perpetual		
· · · · · · · · · · · · · · · · · · ·	te of incorporation)	(Duration: Year corp. will cea	se to exist or "perpetual")	
6				
_{7.} 509 S. Stat	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 e Street, Belvidere, IL 61008			
	(Principal office add	ress)		
509 S. Sta	te Street, Belvidere, IL 61008		52 5 70	
	(Current mailing add	ress)	R27	
8. Name and stre	ct address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2 7	
Name:	CT Corporation System		FLORING PLONING	
			25 OO	
Office Address:	1200 South Pine Island Rd.	ter made many	>	
Office Address:	1200 South Pine Island Rd. Plantation	. Florida 33324	<u>≯</u>	

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.



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. DIR	ECTORS
Chairman	Paul Ollmann/Director
Address:	509 S. State St.
	Belvidere, IL 61008
Vice Cha	irman: 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. OFF	ICERS
President:	Paul Ollmann
Address:	509 S. State St.
	Belvidere, IL 61008
Vice Presi	Jeffrey Ernest
Address:	509 S. State St.
	Belvidere, IL 61008
Secretary:	Lori Ollmann
	509 S. State St., Belvidere, IL 61008
	Wendy Martin
	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	Dam
The offic are true a a third de	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 nd 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.

File Number

6336-552-1



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.



Authentication #: 1508301732

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 MARCH A.D.

2015