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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



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SECHETARY OF STATE
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CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		PICI	K UP:	5/6 Glinda	
		CERTIFIED COPY	• • • • • • • • • • • • • • • • • • • •		
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		CUS	<u>.</u>		
	ХХ	FILING	Fore	eign LLC	
1.		Cupid Corn, Inc.	JMENT #)		
2.					
		(CORPORATE NAME AND DOCU	JMENT #)		1112
3.		(CORPORATE NAME AND DOCU	MENT #\		H16 151
		(CORPORATE NAME AND DOCC	JMIENI#)		
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		(CORPORATE NAME AND DOCU	JMENT#)		
6.		(CORPORATE NAME AND DOCU	MENT #)		
SPE	CIA	L INSTRUCTIONS:			

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT, CUPID COF	N INC		•
DODUBET.		n must be dude sufficie	
r	vame of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation."	ificate of Good Star	nding" and check are sub	
Please return all correspondence co	ncerning this matte	r to the following:	
LINDA WAINWRIGH	_		•
EINDA WAINWINGI			
	Name of		
TAFT STETTINIUS 8	& HOLLISTI	ER LLP	
	Firm/Con	ipany	
111 E. WACKER DR	IVE. SUITE	2800	
	Addre		
CHICAGO, IL 60601			
	City/State a	nd Zip code	
Lwainwright@taftlaw.co	om		
		for future annual report n	otification)
For further information concerning to	his matter, please c	eall:	
Linda Wainwright	at (312	836-4075	
Name of Person	Area (Code & Daytime Telepho	one Numbor
			•
STREET/COURIER ADD	RESS:	MAILING AI	
New Filing Section Division of Corporations		New Filing Sec Division of Co	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circl	e	Tallahassec, Fl	
Tallahassee, FL 32301			
Enclosed is a check for the following	3 amount:		
	Filing Fee & cate of Status	\$78,75 Filing Foe & 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.

(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)	J	
2. ILLINOIS	S 3.	36-4016120			
(State or count	try under the law of which it is incorporated)	(FEI number, if applicable PERPETUAL	*)	•	
	e of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")	•	
6	(SEE SECTIONS 607,1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	Žα	/*	
7. 201 E. O	hio St., #433 CHICAGO, IL (Principal office add)		<u></u>	- <u>3</u> x	
207 E. Or	nio St., #433 CHICAGO, IL 60		HASA ALTIA	MAY	_
	(Current mailing addi		新翠	Q.	
8. Name and stre	et address of Florida registered agent: (P.C TAFT SERVICE SOLUTONS CO	•	いい。	AH 10: 56	B€
Office Address:	6488 INDIGO BUNTING PLAC	E			
	LAKEWOOD RANCH	, Florida 34202			
	(City)	(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.

(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.

Asst. Soc.



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

A. DIRECTORS

15 MAY -6 AM 10: 56

Chairmán:

SECRETARY OF STATE
TALLAHASSEE. FLORDA

Vice Chairman:

Address:

Director: CHRISTOPHER P. HEITMANN

Address:

Director:
Address:

B. OFFICERS
President:

CHRISTOPHER P. HEITMANN

207 E. Ohio St., #433 CHICAGO, IL 60611

Vice President:

Address:

Address:

CHRISTOPHER P. HEITMANN

Address:

CHRISTOPHER P. HEITMANN

207 E. Ohio St., #433 CHICAGO, IL 60611

Secretary: JERRY JOYCE

Address:

207 E. Ohio St., #433 CHICAGO, IL 60611

Treasurer:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. CHRISTOPHER P. HEITMANN, PRESIDENT

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

File Number

5769-165-4





To all to whom these Presents Shall Come, Greeting:

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

CUPID CORN, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 23, 1994, 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 #: 1512502528

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 5TH

day of

MAY

A.D.

2015

Desse White

SECRETARY OF STATE