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	(Address)					
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PICK-UF	WAIT MAIL					
	(Business Entity Name)					
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Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

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### **COVER LETTER**

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SUBJ	ECT:	SDA (	CONSULTING	G, INC	J.			
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Dear S	ir or Ma	ıdam:						
"Certif	icate of	Existence		ate of (	Good Sta	anding	g" and check are sul	act Business in Florida," bmitted to register the
Please	return a	ll corres	oondence conce	rning t	his matt	er to t	he following:	
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301	1 W. 18	3rd Stre	et, STE 377					
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	Regist Division Cliftor 2661 E	ration Se on of Con Buildin	porations g Center Circle	ess:			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
			the following ar	nount:				
\$70	.00 Fili	ng Fee	□ \$78.75 Fil Certificate				8.75 Filing Fee & ertified 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.	SDA Consulting, Inc.		
	(Enter name of corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
	SDACL INC		
	SDACI, INC.  (If name unavailable in Florida, enter alternate corporate name au	douted for the number of transporting hypiness in Florida	
	(If hame unavariable in Florida, enter alternate corporate hame a	dopted for the purpose of transacting business in Piorida)	
2.	Illinois 3.	36-4369308	
_,	(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4.	03/09/2004 5.	Perpetual	
	(Date of incorporation)	(Date of duration, if other than perpetual)	
6.	10/02/2015		
	(Date first transacted business in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150		
7.	3011 W. 183rd Street, Suite 377 Homewood, IL 6043		
	(Principa	al office address)	
	(Current mailing	g address, if different)	
		- 	
_		Box NOT acceptable)	
8.	Name and <u>street address</u> of Florida registered agent: (P.O		T
	Name: Tomeka Bell	OCT CHARET	
	Addition	SSEA U	
Of	ffice Address: 801 International Pkwy, 5th Floor		
			7
	Lake Mary	, Florida <u>32746</u>	
	(City)	(Zip code)	

#### 9. Registered agent's acceptance:

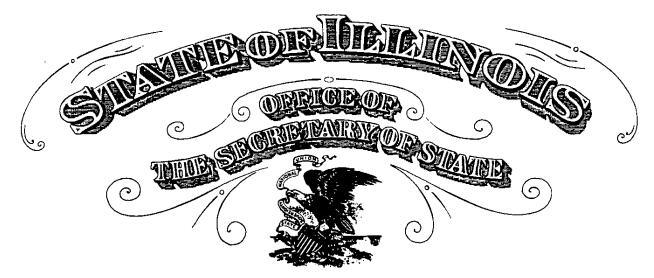
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Janka D. Bell (Registered quant's giornature)

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 Shawn Anderson Chairman: 3711 Antholl Street Flossmoor, IL 60422 Vice Chairman: Address: \_\_ Address: Director: \_ Address: **B. OFFICERS** President: \_\_ Shawn Anderson 3711 Antholl Street Address: Flossmoor, IL 60422 Vice President: Treasurer: Address: 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 11 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.

SHAWN ANDERSON, PRESIDENTIDIRECTOR



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SDA CONSULTING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 09, 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 22ND day of A.D.JULY 2015 .

Authentication #: 1520302718 verifiable until 07/22/2016

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

SECRETARY OF STATE