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Office Use Only



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TO ACKNOWLT DGE SOFTICIENCY OF FILTING

T.

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ANNA'S CONSTR	UCTION, INC	<u> </u>	<u> </u>
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	· · · · · · · · · · · · · · · · · · ·		Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: ANNA'S CONSTRUCTION	ON, INC.		
		on - must include suffix)	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence", and check are transact business in Florida.			
Please return all correspondence concern	ing this matte	er to the following:	
WILLIAM MOORE			
	(Name o	of Person)	
CONTRACTORS REPORTING SERV	ЛСЕ INC		
	(Firm/Co	ompany)	
13795 N NEBRASKA AVE			
	(Add	lress)	
TAMPA, FL 33613			
	(City/State	and Zip code)	
For further information concerning this r	·		
(Name of Person)	at (813	932-5244 Code & Daytime Telepho	ana Numbar
(Ivaine of Ferson)	(Alea	Code & Daytime Telepho	one indinoer)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns
Enclosed is a check for the following am	ount:		
□ \$70.00 Filing Fee □ \$78.75 Filin Certificate	_	\$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	Corporation; must include "INCORPORATICORPORATICORPOR" "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
(If name unava	nilable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Flo	rida)	
2. ILLINOIS		3.	3. 20-4155862		
	y under the law of which it is incorporated)	•	(FEI number, if applicable)		
4. JANUARY	17, 2006	5.	5. PEPETUAL		
(Da	ite of incorporation)		(Duration: Year corp. will cease to exist or "perpetu	ıal")	
6. UPON QUAI	LIFICATION				
	(SEE SECTIONS 607.1		t transacted business in Florida, insert "upon qualifica 1, 607.1502 and 817.155, F.S.)	tion.")	
7. 2524 E Ball	ard Rd, Des Plaines, IL 60016 (Principal office	add	rece)	्राह्य 🛎	
5455 Blue F	Heron Ln, Wesley Chapel, FL 33543		, (1.035)		
	(Current mailing		lress)	OT 16 M 9 27	
8. Name and <u>st</u>	reet address of Florida registered ager	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	27	
Name:	CONTRACTORS' REPORTING SER	lVI	CES, INC.		
Office Address:	13795 N. NEBRASKA AVE				
	ТАМРА		, Florida 33613		
	(City)		(Zip code)		
Having been na	is application, I hereby accept the appo	inti	ice of process for the above stated corporation at ment 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. DIRECTORS Vice Chairman: Address: ____ Director: ____ Address: _____ 11. Names and business addresses of officers and/or directors: Director: **B. OFFICERS** President: SZCZEPAN SWIDERSKI Address: 2524 E Ballard Rd, Des Plaines, IL 60016 Vice President: Secretary: ANNA HALCISAKOVA SWIDERSKI Address: 2524 E Ballard Rd, Des Plaines, IL 60016 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

13. ANNA HALCISAKOVA SWIDERSKI

File Number

6470-626-8



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

ANNA'S CONSTRUCTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 17, 2006, 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 16TH day of OCTOBER A.D. 2015.

Authentication #: 1528902240 verifiable until 10/16/2016
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE