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(Re	questor's Name)	
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K.SALY EXAMINER JAN 12

COVER LETTER

TO: Registration Section Division of Corporations				
Hygieneering, Inc.				
	ame of corporation	n - must include s	suffix	
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certifabove referenced foreign corporation	icate of Good Sta	inding" and check		
Please return all correspondence con-	cerning this matt	er to the following	3:	
Margaret Guidarelli				
, , , , , , , , , , , , , , , , , , , ,	Name o	f Person		
Hygieneering, Inc.				
1426 Butterfield Ct.	Firm/Co	mpany		
Marco Island, FL 34145	Add	ress		
	City/State	and Zip code		
margaret@hygiencering.com				
E-mail add	dress: (to be used	for future annual	report noti	fication)
For further information concerning the	his matter, please	call:		
Margaret Guidarelli	262	203-1111		
Name of Person	at (Area Co	de Daytim	ne Telephon	e Number
STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	e	Regist Divisi P.O. B	LING ADD tration Section of Corpo Box 6327 trassee, FL	on orations
	Filing Fee & cate of Status	□ \$78.75 Filing Certified Copy		3 \$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.

Hygieneering, 1	nc.			
(Enter name of c	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,"	
(II' name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)	
Illinois 2.	3.	36-3520509		
	y under the law of which it is incorporated) 5.	(FEI number, if applicable)		
	of incorporation)	(Date of duration, if other than perpetual)		
1426 Butterfield ((Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Marco Island, FL 34145		ty)	
<u> </u>	(Principa	al office address)		
same			20	
	(Current mailing	g address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)		
Name:	Margaret Guidarelli			
Office Address:	1426 Butterfield Ct		2: 49	
	Marco Island	34145 , Florida	••	
	(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.

Marguel Studowell:
(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. Nam	es and business addresses of officers and/or directors:
A. DIRE	ectors 2016
Chairman:	Margaret Guidarelli
Address:	Margaret Guidarelli 1426 Butterfield Ct 2016 JAH 1 PH 2: 49
_	Marco Island, FL 34145
Vice Chai	rman:
Address:	
Director:	Matthew Guidarelli
Address:	7575 Plaza Court
	Willowbrook, IL 60527
Director:	George Guidarelli
Address:	7575 Plaza Court
	Willowbrook, IL 60527
B. OFF	John Feller
Address:	7575 Plaza Court
	Willowbrook, IL 60527
Vice Pres	George Guidarelli, Matthew Guidarelli, Kevin Konkey
Address:	7575 Plaza Court
	Willowbrook, Il 60527
Secretary:	Margaret Guidarelli
Address:	1426 Butterfield Ct. Marco Island, FL 34145
Treasurer	Margaret Guidarelli
Address:	1426 Butterfield Ct. Marco Island, FL 34145
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
are true	there or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.
12 Mar	garet Guidarelli, CEO

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

File Number

5465-219-4

FILED 2016 JAHII PM 2:49



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

HYGIENEERING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 05, 1987, 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 6TH day of JANUARY A.D. 2016 .

Authentication #: 1600601330 verifiable until 01/06/2017

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

Desse White

SECRETARY OF STATE