

F16000001447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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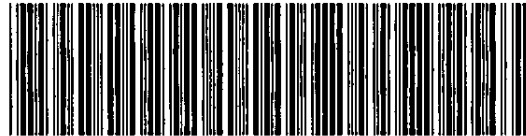
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

2016 FEB 29 PM 4:47

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K. SALY
EXAMINER
MAR 29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cascade Renovation & Construction, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gino Cavallini

Name of Person

Cascade Renovation & Construction, Inc.

Firm/Company

19152 South Blackhawk Parkway, Unit 45N

Address

Mokena, IL 60445

City/State and Zip code

gino@cascaderenovation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gino Cavallini

815

464-1500

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.*

Cascade Renovation & Construction, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

VR Companies Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 37-1700795
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/23/2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. October 1, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19152 South Blackhawk Parkway, Unit 45N, Mokena, IL 60445
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Albert A. Sanchez, Jr.

Office Address: 2055 Wood Street, Suite 206

Sarasota, 34237
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: Denny Deckinga

Address: 19152 Blackhawk Parkway Unit 45N Mokena Illinois 60445

Vice Chairman: _____

Address: _____

Director: Patrick W Walsh

Address: 625 Plainfield Road Willowbrook Illinois 60527

Director: _____

Address: _____

B. OFFICERS

President: Gino Cavallini

Address: 19152 Blackhawk Parkway Unit 45N Mokena Illinois 60445

Vice President: _____

Address: _____

Secretary: Holly Smith

Address: 15774 South LaGrange #167 Orland Park Illinois 60462

Treasurer: _____

Address: _____

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

12. _____

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.

13. Gino Cavallini - President

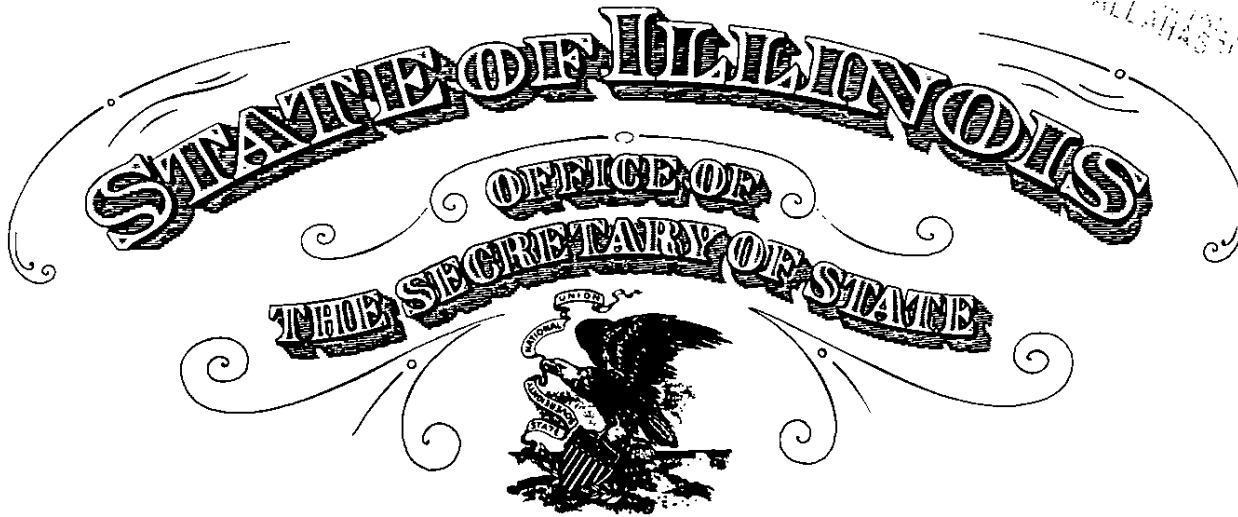
(Typed or printed name and capacity of person signing application)

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2016 FEB 29 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

6858-553-8

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2016 FEB 29 PM 4:47
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02/29/16 BY SP11
ALM/HAS/ST/ORD



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

CASCADE RENOVATION & CONSTRUCTION INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 23, 2012, 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 MARCH A.D. 2016 .*

Jesse White

Authentication #: 1607601930 verifiable until 03/16/2017

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

SECRETARY OF STATE