F16000001564

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Document originally assigned #M16000002010 in error on part of this office. Record corrected/updated 04/05/16 mmilligan					

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TALLAHASSEE, FLORIGH

MAR 0 9 2016 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp					
Teksoft V	entures, Inc.				
SUBJECT:	Name of c	orporation -	must include suffix		
Dear Sir or Madam:					
The enclosed "Application "Certificate of Existence above referenced foreign	," or "Certificate of	Good Stand	ing" and check are subm		
Please return all correspo	ondence concerning	this matter t	o the following:		
Ann Rogers				16 MAR -8 PM 4:	
Name of Person					
Teksoft Ventures, Inc.				d 6	
		Firm/Comp	any	7	
1415 West 22nd St Tower Floor				<u> </u>	
		Addres	S	pp.	
Oak Brook, IL 60523					
		ity/State and	l Zip code	-	
jan.kindl@teksoftventures.					
	E-mail address: (t	o be used to	r future annual report no	titication)	
For further information of	oncerning this matte	er, please ca	11:		
Ann Rogers 630			232-9630		
Name of Person		Area Code	Daytime Telepho	one Number	
Registration Section Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	Center Circle 32301		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations	
Enclosed is a check for the	ne following amoun	t:			
□ \$70.00 Filing Fee	□ \$78.75 Filing For Certificate of S		\$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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busines	s in Florida)
Illinois	3.	36-4088223	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4-16-96	5		
(Date	(Date of incorporation) 5. (Date of duration, if other than perpet		etual)
NA			ਲੇ
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 St Tower Floor, Oak Brook, IL. 60523	Florida, if prior to registration) 02, F.S., to determine penalty liability)	MAR -8
(Principal office address)		PA F.	
	(Current mailin	g address, if different)	
. Name and stree	et address of Florida registered agent: (P.C	Box NOT acceptable)	
Name:	Janet Kindl	<u></u>	
Office Address:	811 Meadowland Dr		
	Naples	34108 , 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.

(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. DIRI	ECTORS Janet Kindl		
	n: 811 Meadowland Dr. #E		
Address:	Naples, FL 34108		
Vice Chai	irman:		
- D'			
Address:			
Director:		16	SECR
		E	至是
		8	SEE
B. OFFI	ICERS Janet Kindl	A ti	FLORI
President:	:		<u>ein</u>
Address:			
	Naples, FL 34108		
Vice Presi	ident:		
Address:			
Secretary:			
Address:			
·			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	
12	Signature of Director/or Officer		
are true a	cer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of segree felony as provided for in s.817.155, F.S.		
13. Janet	et Kindl, President		

File Number

5881-803-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do here by certify that I am the keeper of the records of the Department of Eusiness Services. I certify that

TEKSOFT VENTURES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 16, 1996, 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 4TH day of MARCH A.D. 2016 .

Authentication #: 1606402036 verifiable until 03/04/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE