

8/2016 11:40:11 AM From: To: 50612 1/7
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
System Training Specialists, Inc

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

2016 APR -8 AM 11:46

ALL AGENTS, FLORIDA

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APR 11 2016
V SILKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: System Training Specialists, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

msnksen@rx30.com

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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.*

1. System Training Specialists, Inc.

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

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

2. Delaware

(State or country under the law of which it is incorporated)

3. 47-4771976

(FEI number, if applicable)

4. 06/15/2015

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

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

7. 788 Montgomery Ave, Ocoee, FL 34761

(Principal office address)

same

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

C.T. Corporation System

By: Jan M. DeJ

(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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Steven Wubker

Address: 788 Montgomery Ave

Ocoee, FL 34761

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Maria Sonken

Address: 788 Montgomery Ave. Ocoee, FL 34761

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. Maria Sonksen, Treasurer

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

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Kerry Menzel
Officer/Director: Officer
Officer's Title: CIO
Director's Title:
Business Address: 788 Montgomery Ave
City: Ocoee
State: FL
ZIP Code: 34761
- 2 Full Name: Constantine Mihas
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 300 N LaSalle Ste 5600
City: Chicago
State: IL
ZIP Code: 60654
- 3 Full Name: Sean Cunningham
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 300 N LaSalle Ste 5600
City: Chicago
State: IL
ZIP Code: 60654
- 4 Full Name: Josh Earl
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 300 N LaSalle Ste 5600
City: Chicago
State: IL
ZIP Code: 60654
- 5 Full Name: John Kos

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4/8/2016 11:40:54 AM From: To: 8506176383(6/7)

Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	300 N LaSalle Ste 5600
City:	Chicago
State:	IL
ZIP Code:	60654
6 Full Name:	Steven Wubker
Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	788 Montgomery Ave
City:	Ocoee
State:	FL
ZIP Code:	34761

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYSTEM TRAINING SPECIALISTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5766162 8300

SR# 20162124141

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202106292

Date: 04-06-16