F14000001910

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
W16-21	1943					

Office Use Only



900284373009

04/11/16--01042--003 **78.75

201 APR 22 P # 24

APR 2:5 2016 BRUCE



2816 APR 25 PM 12: 48

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2016

MARK BEAN 1448 WEST MONTROSE #2W CHICAGO, IL 60613

SUBJECT: MBEAN CO. Ref. Number: W16000026943 Licens 1871

We have received your document for MBEAN CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00007452 =

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MBean Co.	
	poration - must include suffix
Dear Sir or Madam:	
	ntion for Authorization to Transact Business in Florida," good Standing" and check are submitted to register the ct business in Florida.
Please return all correspondence concerning this	is matter to the following:
Mark Bean	
N	Name of Person
M Bean Co.	
Fi	irm/Company
1448 West Montrose #2W	
Chicago, IL 60613	Address
City Mark.Beanco@gmail.com	y/State and Zip code
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
Mark Bean at (773) 817-4567 A S
Name of Person A	rea Code Daytime Telephone Number 2
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 S78.75 Filing Fee Certificate of State	

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.

M Bean Co.				
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	.D," '	'COMPANY," "CORPORATION	,,,
(If name unavaila	ble in Florida, enter alternate corporate nar	ne ad	opted for the purpose of transacting	g business in Florida)
2. State of Illi	nois	3.	27-2094689	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4. March 11,	2010	5.		
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)	
6. New company	y that is not yet operational in Florida.			
71448 West M	ontrose #2W, Chicago, IL 60613		2, F.S., to determine penalty liability office address)	ry)
	(Current ma	iling	address, if different)	2016 IALL
3. Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	III APR
Name:	Margo Fullilove			22 SSE
Office Address:	4701 Thomas Drive, Unit #204			
	Panama City Beach,		, Florida 32408	ur. 2
	(City)		(Zip code)	> I

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.

A. DIRECTORS	
Chairman: Mark Bean	
Address: 1448 West Montrose #2W Chicago,IL 60613	
Vice Chairman: XXXXX	
Address:	
Director: XXXXX	
Address:	
Director: XXXXX	
Address:	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	
President: Mark Bean	
Address: 1448 West Montrose #2W	
Chicago, IL 60613	<u>, ∼</u>
Vice President: XXXXX	ALLA
Address:	APR 22 F
Secretary: XXXXX	FLORES 2
Address:	D
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition 12. 4-7-2016	nal officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S. 13. Mark Bean	affirms that the facts stated herein the Department of State constitutes
(Typed or printed name and capacity of person signing applied	cation)



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

MBEAN CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 11, 2010, A DOPTED THE ASSUMED NAME BEAN & CO ON NOVEMBER 13, 2013, 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 7TH day of APRIL A.D. 2016.

Authentication #: 1609802116 verifiable until 04/07/2017

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

Desse White

SECRETARY OF STATE