

FK6000003032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

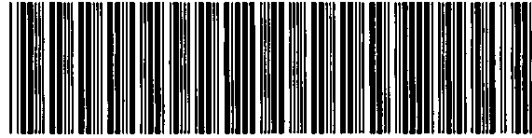
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/06/16--01033--010 **70.00

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TALLAHASSEE, FLORIDA

7/12/16 JRS

ROBINSON PAYNE LLC

ANN P. CROLL, PARALEGAL
DIRECT DIAL: 847.944.9234
DIRECT FAX: 847.944.9235
ann@robinsonpayne.com

July 5, 2016

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application By Foreign Corporation for NIR Roof Care, Inc.

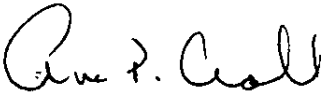
Ladies/Gentlemen:

Enclosed herewith (in duplicate) is the Application by Foreign Corporation for Authorization to Transact Business in Florida, a Certificate of Good Standing, and a check in the amount of \$70.00 to cover the filing fee. Please record the Application and return one copy to me in the enclosed self-addressed envelope.

If you should have any questions with respect to this matter, please do not hesitate to contact me.

Sincerely,

ROBINSON PAYNE LLC



Ann P. Croll
Paralegal

3170.001

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIR ROOF CARE, 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:

RICHMOND A. PAYNE

Name of Person

ROBINSON PAYNE LLC

Firm/Company

2800 W. HIGGINS RD., STE. 160

Address

HOFFMAN ESTATES, IL 60169

City/State and Zip code

rpayne@robinsonpayne.com

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

For further information concerning this matter, please call:

ANN CROLL

at (847) 882-8888

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

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TALLAHASSEE, FLORIDA

**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. NIR ROOF CARE, INC.

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

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

2. ILLINOIS

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

3. _____

(FEI number, if applicable)

4. 03/05/1980

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

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

7. 12191 REGENCY PKWY, HUNTLEY, IL 60142

(Principal office address)

(Current mailing address, if different)

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

(City)

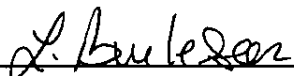
, Florida 32301

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Leticia Burleson, Asst. Secretary

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: TIMOTHY K. LYNN

Address: 12191 REGENCY PKWY, HUNTLEY, ILLINOIS 60142

Director: _____

Address: _____

B. OFFICERS

President: TIMOTHY K. LYNN

Address: 12191 REGENCY PKWY, HUNTLEY, ILLINOIS 60142

Vice President: _____

Address: _____

Secretary: TIMOTHY K. LYNN

Address: 12191 REGENCY PKWY, HUNTLEY, ILLINOIS 60142

Treasurer: TIMOTHY K. LYNN

Address: 12191 REGENCY PKWY, HUNTLEY, ILLINOIS 60142

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.

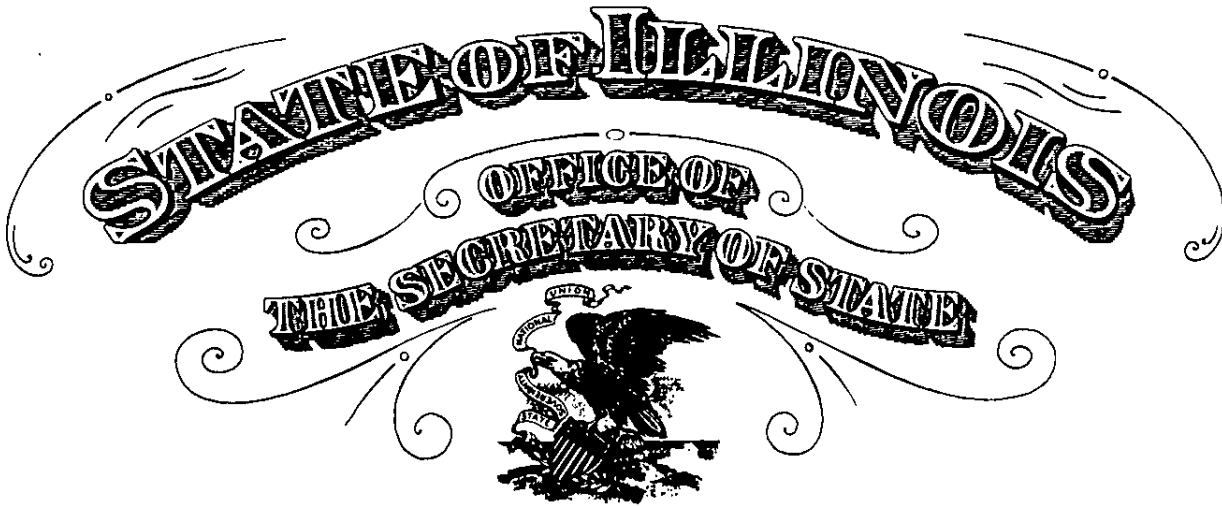
13. TIMOTHY K. LYNN, PRESIDENT

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

File Number

5199-845-6



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

NIR ROOF CARE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 05, 1980, 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 5TH day of JULY A.D. 2016 .

Jesse White

SECRETARY OF STATE

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SECRETARY OF STATE
SPRINGFIELD, ILLINOIS