# F160000003814

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CLAHASSEE, FLORIDA

#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ENEXUS SOLUTIONS C	OMPANY			
5020		e of corporation	n - must include suffix		
Dear S	Sir or Madam:				
"Certi	iclosed "Application by Foreign ficate of Existence," or "Certificate referenced foreign corporation to	ate of Good Star	nding" and check are sul	ect Business in Florida," omitted to register the	
	return all correspondence conce ONDA MOORE	rning this matte	r to the following:		
		Name of	Person	·····	
ENEX	US SOLUTIONS COMPANY				
910 W	VAN BUREN ST STE 100-227	Firm/Con	npany		
CHICA	AGO IL 6060 <b>7</b>	Addr	ess		
ENEX	USCOMPANY@YAHOO.COM	City/State a	and Zip code		
	E-mail addre	ess: (to be used	for future annual report	notification)	
For fu	rther information concerning this	matter, please	call:		
LASHONDA MOORE		888 at (	611-2291		
	Name of Person	Area Cod	le Daytime Telep	hone Number	
Enclos	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  sed is a check for the following as		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
	0.00 Filing Fee		\$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.

(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate nan	me adopted for the purpose of transacting business in Flori	da)
ILLINOIS 2.		3	
(State or countr	y under the law of which it is incorporated)	3(FEI number, if applicable)	
04/08/2012 4.		PERPETUAL	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	<del></del>
6	91116		
	(Date first transacted busines	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	<del></del>
_ 25 N MARKET J	ACKSONVILLE, FL 32202	7.1302, r.s., to determine penalty hability)	
7	· · · · · · · · · · · · · · · · · · ·	ncipal office address)	
	(2.11)	icipai office address)	
	(Current ma	ailing address, if different)	<del></del>
8. Name and street Name: Office Address:	t address of Florida registered agent: (I  JAME HOWARD  1651 SALISBURY RD  JACKSONVILLE		16 AUG 21.
	(City)	(7)	
9. Registered age Having been nam designated in this	ed as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute	ervice of process for the above stated corporation at interest as registered agent and agree to act in this es relative to the proper and complete performance is of my position as registered agent.	9 The place Capacity. I

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:		
25 N MARKET ST JACKONVILLE, FL 32202 Address:		
Vice President:		
Address:		
	ZX	<u> </u>
LASHONDA MOORE Secretary:		AUG
25 N MARKET ST JACKONVILLE, FL 32202 Address:	SSE	F11
LASHONDA MOORE Treasurer:	77.0	<b>?</b> □
25 N MARKET ST JACKONVILLE, FL 32202 Address:	ORIC	ÿ
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or directo	د. ات
12 Ramelle Mills	or uncero	13.
Signature of Director or Officer	<b>C</b>	
The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department	iacts stat of State	ed herein- constitutes
a third degree felony as provided for in s.817,155, F.S.  LASHONDA MOORE  Chilary Company (1)		
(Typed or printed name and capacity of person signing application)	<del></del>	····
At the same and and the same an		



#### **CORPORATION FILE DETAIL REPORT**

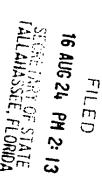
File Number	68434297					
Entity Name	ENEXUS SOLUTIONS COMPANY					
Status	ACTIVE					
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA			
Incorporation Date (Domestic)	04/08/2012	State	ILLINOIS			
Agent Name	KELLY SMITH	Agent Change Date	04/08/2012			
Agent Street Address	1629 N HALSTED ST	President Name & Address	LASHONDA MOORE 318 W ADAMS ST CHICAGO IL 60606			
Agent City	CHICAGO	Secretary Name & Address	LASHONDA MOORE SAME			
Agent Zip	60614	Duration Date	PERPETUAL			
Annual Report Filing Date	08/18/2016	For Year	2016			

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Purchase Certificate of Good Standing

(One Certificate per Transaction)

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#### File Number

6843-429-7



### 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

ENEXUS SOLUTIONS COMPANY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 08, 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 20TH

day of AUGUST A.D. 2016

Authentication #: 1623300524 verifiable until 08/20/2017
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE