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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

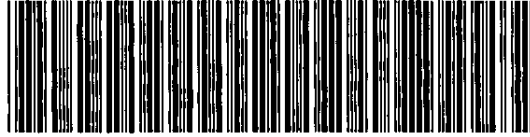
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/24/16--01004--005 **70.00

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SORLINACE 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:

LASHONDA MOORE

Name of Person

SORLINACE INC

Firm/Company

910 W VAN BUREN ST STE 100-227

Address

CHICAGO IL 60607

City/State and Zip code

SORLINACEINC@YAHOO.COM

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

For further information concerning this matter, please call:

LASHONDA MOORE

888

611-2291

at (_____) _____

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

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LASHONDA MOORE

Address: 25 N MARKET ST JACKONVILLE, FL 32202

Vice President: _____

Address: _____

Secretary: LASHONDA MOORE

Address: 25 N MARKET ST JACKONVILLE, FL 32202

Treasurer: LASHONDA MOORE

Address: 25 N MARKET ST JACKONVILLE, FL 32202

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Lashonda Moore
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. LASHONDA MOORE *Lashonda Moore*

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

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.

SORLINACE, INC.

1. _____
(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. ILLINOIS _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/18/2012 _____ 5. PERPETUAL _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____ 9/1/16
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 25 N MARKET JACKSONVILLE, FL 32202
(Principal office address)

(Current mailing address, if different)

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

Name: JAME HOWARD _____

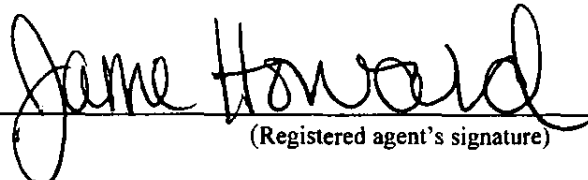
Office Address: 1651 SALISBURY RD _____

JACKSONVILLE _____, Florida 32202
(City) (Zip code)

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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.



(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.

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JESSE WHITE
SECRETARY OF STATE



CORPORATION FILE DETAIL REPORT

File Number	68734703		
Entity Name	SORLINACE INC.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	10/18/2012	State	ILLINOIS
Agent Name	SARA FRANKS	Agent Change Date	10/18/2012
Agent Street Address	1212 SOUTH MICHIGAN AVE	President Name & Address	LASHONDA MOORE 910 W VAN BUREN ST CHICAGO IL 60607
Agent City	CHICAGO	Secretary Name & Address	LASHONDA MOORE SAME
Agent Zip	60605	Duration Date	PERPETUAL
Annual Report Filing Date	00/00/0000	For Year	2016

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[Purchase Certificate of Good Standing](#)

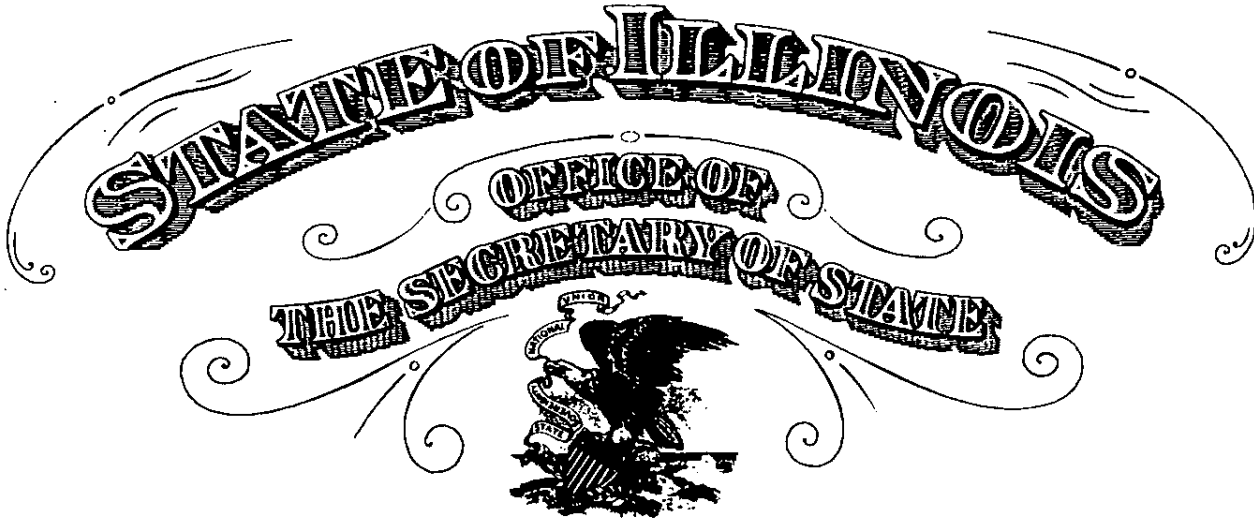
(One Certificate per Transaction)

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TALLAHASSEE, FLORIDA

File Number

6873-470-3



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

SORLINACE INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 18, 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 .

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Authentication #: 1623300528 verifiable until 08/20/2017
 Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE