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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

	tration Section of Cor						
SUBJECT:	•	butors, Inc.					
ocbiler.	•	Name	of corporation	ı - must	include suffix		
Dear Sir or M	adam:						
*Certificate of	f Existence		e of Good Star	nding" a	and check are sub		siness in Florida," d to register the
Please return a Stephen Vranel	-	ondence concern	ing this matte	r to the	following:		
			Name of	Person			
West Suburban	Business S	Solutions, Inc.					
1000 Jorie Blvo	d. Suite 30	00	Firm/Con	npany			
Oak Brook, IL.	. 60523		Addr	ess			
Svranek@wscf	financial co	m	City/State a	nd Zip	code		
S Tranck (III) VI SCI			s: (to be used	for futu	re annual report r	notific	cation)
For further inf	formation	concerning this r					
Stephen Vranel	k		630 at (368	-6390- X119		
Name	e of Persor	1	Area Coo	le	Daytime Telepl	hone	Number
Regis Divisi Clifto 2661 Tallah	tration Section of Corjon Building Executive nassee, FL	porations 3 Center Circle			MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orpora 7	n ations
■ \$70.00 File	ing Fee	□ \$78.75 Filir Certificate			75 Filing Fee & fied Copy		\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2016

STEPHEN VRANEK WEST SUBURBAN BUSINESS SOLUTIONS, INC 1000 JORIE BLVD SUITE 300 OAK BROOK, IL 60523

SUBJECT: JTL DISTRIBUTORS INC.

Ref. Number: W16000060971

We have received your document for JTL DISTRIBUTORS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00018745

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.	JTL Distributor	s, Inc.							
					DRATED," "CON	ИPANY	"," "CORPORATIO	N,"	-
	(If name unavaila	able in Flo	rida, enter alte	ernate corpor	rate name adopted	l for the	purpose of transacti	ng business in Florida)	
2.	Illinois	finame unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) dinois 3.							
4.	(State or countre October 7,2011	ate or country under the law of which it is incorporated) (FEI number, if applicable ober 7,2011							•
6.	(Date of incorporation) (Date of duration, if other than pe							r than perpetual)	•
Ο.		(:					or to registration) termine penalty liabi	lity)	=
7.	4757	NW	103 rd	ave	surise	R	33351		
					(Principal offic	e addre	ss)		-
				(Cur	rent mailing addr	ess if d	ifferent)		-
				(****		-00, 11 0			
8.	Name and stree			egistered ag	gent: (P.O. Box	NOT	acceptable)	SEI SEI	,
	Name:	David J							# 200 # 4
O	ffice Address:	47	57 NU	J 103	rd Ave				* **
		50	nrise		_	Florida	33351 (Zip code)		al]
			(1	City)	<u> </u>		(Zip code)	8. S. H. → P. S. H. →	,
	Registered age							Dir. O	
de fu	signated in this rther agree to c	applicati omply wi	on, I hereby th the provis	accept the	appointment a statutes relative	s regisi e to the	tered agent and ag	ed corporation at the gree to act in this capo lete performance of n	icity. I
44				4	7				
			O V	(R	egistered agent's	signatu	re)		
10 the	 Attached is a center of 	certificate State, by	of existence the Secretar	e duly autho y of State o	enticated, not m or other official	ore tha having	n 90 days prior to custody of corpora	delivery of this applic ate records in the juris	ation to

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS James Mastropolo Chairman: 417 Marlowe Drive Address: Flower Mound, Texas 75028 Vice Chairman: Address: ___ Director: __ Address: Director: Address: **B. OFFICERS** James Mastropolo President: 417 Marlowe Drive Address: Flower Mound, Texas 75028 <u>ح</u> Vice President: ___ Address: __ Address: Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is 1) sted 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. James Mastropolo 13.

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



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

JTL DISTRIBUTORS INC., INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 07, 2011, 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 28TH JULY

day of

A.D.2016 .

Authentication #: 1621001822 verifiable until 07/28/2017 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

esse White