F160000004941

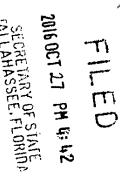
(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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10/28/16--01018--006 **70.00



K. SALY NOV - 3 2016

COVER LETTER

TO:	D: Registration Section					
	Division of Corporations					
	Countryside Enterprises,	Inc.				
SUBJ	ECT:					
	Na	ime of corporation	n - must include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good Sta	nding" and check are sul			
	return all correspondence con t McCloud	cerning this matte	r to the following:			
		Name of	Person			
Kirk-P	inkerton, P.A.					
		Firm/Con	nnany			
240 S.	Pineapple Ave., 6th Flr.					
		Addr				
Saraso	ta, FL 34236					
		City/State a	and Zip code			
gmccle	oud@kirkpinkerton.com	,				
-	E-mail add	dress: (to be used	for future annual report	notification)		
D 6.			-all			
ror iu	rther information concerning the	nis matter, piease	can:			
F. Gant McCloud		941	364-2402			
	Name of Person	at (Area Coo)le Daytime Teler	-harra Nirrashan		
	Name of Person	Area Coo	ie Daytime Felej	onone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration 9 Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the following	g amount:				
	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.

Countryside Ent	erprises, Inc.		
(Enter name of co	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION.	.,
Countryside Sar	asota, Inc.		
(If name unavaila	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	business in Florida)
Illinois 2.	3.	6-3732641	
	y under the law of which it is incorporated)	(FEI number, if app	licable)
10/18/1990			
4.	of incorporation) 5	(Data of days land if adhard	
	of incorporation)	(Date of duration, if other ti	ian perpetuat)
N/A 6.			
<u> </u>	(Date first transacted business in F	lorida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability	<i>(</i>)
27651 Chevy Cha	ase Rd., Mundelein, IL 60060		
/	(Principal	office address)	<u> </u>
	(
	(0 111	11 10 100	
	(Current mailing	address, if different)	720
			SEG 5
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2016 OCT 27 SECRETAR TALLAHASS
	Marina Butler		\$ N F
Name:			SSE -
Office Address:	2721 Gulf of Mexico Dr. #205		E P
	Longboat Key	34228 , Florida	STATE FLORID
	(City)	(Zip code)	

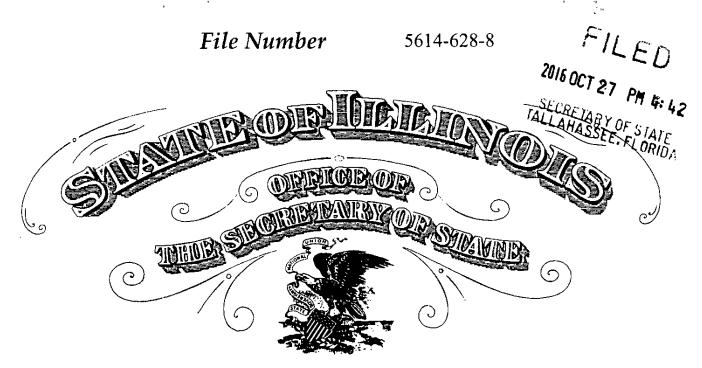
9. Registered agent's acceptance:

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.

11. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	2016 OCT 27 PM 4: 42
Chairman:	SECRITA PM 4:42
Address:	" M M A & " (1) (' \
	LURIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
James Butler President:	
27651 N. Chevy Chase Rd. Address:	
Mundelein, IL 60060	
Vice President:	
Address:	
Marina Butler Secretary:	
27651 N. Chevy Chase Rd., Mundelein, IL 60060 Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
12. Signature of Director or Officer	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S. Marina Butler, Secretary 13.	ibove) affirms that the facts stated herein
(Typed or printed name and capacity of person signing	g 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

COUNTRYSIDE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 18, 1990, 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 24TH day of OCTOBER A.D. 2016.

Authentication #: 1629801564 verifiable until 10/24/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE