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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:	:		
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> SEURETARY OF STATE VLLAHASSEE, FLORID

2016 NOV 21 AM ID: 06

O SIMMONS NOV 28 2016 16 NOV 21 PH 1: 18
DIVISION OF CONFOSATIONS

#### **COVER LETTER**

TO:	Registration Se Division of Con	rporations		
SUBJ	TECT:	Fox Wood O Hate -	ZZR, Inc.	
	<u> </u>		on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence	tion by Foreign Corporation for the," or "Certificate of Good St an corporation to transact busing	anding" and check are su	
Please	return all corresp	ondence concerning this matt	ter to the following:	٠
		Steven Rus	TTIPY	
		Name o	of Person	
		Erryland	My JOR T	À
		Firm/Cc	mnany	(U.
		10299 Hent	O'Hare-22 R. Inmpany age Boy Blod. #	102/
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		Λlα	<b>~</b> }	h
			100 FL 3412	<u> </u>
			and Zip code	
		E-mail address: (to be used	nzz@aol.tom	4.C
		E-man address: (to be used	i for future annual report	nourication)
For fu	rther information	concerning this matter, please	call:	
(	Age RIZZIN	at (63)	240-1195	
	Name of Perso			phone Number
			, i	
	Registration Sea	RIER ADDRESS:	MAILING A	
	Division of Cor		Registration S Division of C	
	Clifton Building		P.O. Box 632	•
	2661 Executive	Center Circle	Tallahassee, I	
	Tallahassee, FL	32301		
Enclos	sed is a check for	the following amount:		•
<b>8</b> \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1	IGN CORPORATION TO TH Fox Ward O'Har			MDA.
(Enter name of cor			COMPANY," "CORPORATION,"	<u> </u>
(If name unavailab	e in Florida, enter alternate corp	porate name ado	pted for the purpose of transacting b	usiness in Florida)
2. Illi			26-3716421	
	inder the law of which it is incom	rporated)	(FEI number, if applic	cable)
4. /	1/06/2008	5		
(Date o	incorporation)		(Date of duration, if other tha	n perpetual)
6				
			orida, if prior to registration) F.S., to determine penalty liability)	
_			BNd # 1026 Algob	ic F/ DUIn
/		Principal c	office address) $\frac{\mathcal{D}/\mathcal{V}Q_{\mathcal{F}}}{\mathcal{F}}$	5 PC 37/2V
		( F	,	
	(C	urrent mailing a	ddress, if different)	<del></del>
				٠ ـــ
8. Name and street:	address of Florida registered	agent: (P.O. B	ox NOT acceptable)	14131 19 N
Name:	Steven RUZZIEY	-		16 NOV 21 PM 1: 18
	10299 Herstage		- -l0>L	# 2 !
Office Address:	r			至 是
	Nobes		_, Florida <u>34120</u>	
	(City)		(Zip code)	ි <b>ග</b> ්
9. Registered agen				
			of process for the above stated c t as registered agent and agree	
further agree to con	nply with the provisions of a	ll statutes rela	tive to the proper and complete	
duties, and I am fan	niliar with and accept the ol	oligations of m	y position as registered agent.	
	S9.	D. Runi		
		(Registered ager		<del>-</del>

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:		<u></u>
Address:		15 10 17
		9 2 [
		R 111
Address:		
B. OFFICERS		
President:	even P. Ruzzier	
Address: 10	299 Hentage Buy Blvd, # 1026	
	afralas -1 Sillas	
Vice President:	0.00	
Address:	)	
Secretary:		
Address:	Some at above	
Treasurer:		
Address:	Som a above.	
NOTE: If necessary, you may	attach an addendum to the application listing additional	officers and/or directors.
12	Signature of Director or Officer	
		Common that the Contract of th
are true and that he or she is av	this document (and who is listed in number 11 above) af ware that false information submitted in a document to the	
a third degree felony as provide		-d
13	d or printed name and capacity of person signing applica	(T

#### File Number

6627-719-4



### 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

FOX WOOD O'HARE-22R, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 2008, 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 day of OCTOBER A.D. 2016

Authentication #: 1629100578 verifiable until 10/17/2017

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE