# FITOOOOOOIL

(Requestor's Name) (Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Ellity Name)
(Document Number)
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Special Instructions to Filing Officer:

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# CORPORATE \* ACCESS, \_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

PICK UP:

		CERTIFIED COPY							
		РНОТОСОРУ							
		cus qs							
		FILING Corp Apricles							
1.		Jordan S. Zoot, CA, P.C. CORP							
		(CORPORATE NAME AND DOCUMENT #)							
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SP	SPECIAL INSTRUCTIONS:								
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#### **COVER LETTER**

TO:	Registration Se Division of Co					
SUBJ	Jordan S	. Z001, CPA, P.C. C	ot <del>p</del> .			
0020		Name	of corporation	- must include suffix		
Dear S	ir or Madam:					
"Certif	ficate of Existend		of Good Star	iding" and check are su	act Business in Florida," bmitted to register the	
Please	return all corres	pondence concern	ing this matter	to the following:		
Jordan	S. Zoot, CPA					
			Name of	Person		
aBlZin	aBOX Inc.					
			Firm/Com	pany		
617 Gr	ove St., Suite A					
		<del></del>	Addre			
Evanste	on, IL 60201					
			City/State a	nd Zip code	<del></del>	
jszesq@	Pabizinabox.com					
		E-mail address	s: (to be used t	or future annual report	notification)	
For fur	ther information	concerning this r	natter, please o	all:		
Jordan S. Zout, CPA			847	533-3403		
	Name of Perso	n	Area Code	Daytime Telep	phone Number	
	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	S:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclose	ed is a check for	the following amo	ount;			
O \$70	.00 Filing Fee	Certificate of		\$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. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Jordan S. Zoot, CPA, P.C. Corp. (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) 36-4382106 (State or country under the law of which it is incorporated) (FEI number, if applicable) August 2, 2000 (Date of incorporation) (Date of duration, if other than perpetual) January 1, 2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 🎖 6 Musa Drive, Key Largo, FL 33037 (Principal office address) 617 Grove St., Suite A, Evanston, IL 60201 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Diana Halenz Name: 766 Musa Drive Office Address: Key Largo (City) 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

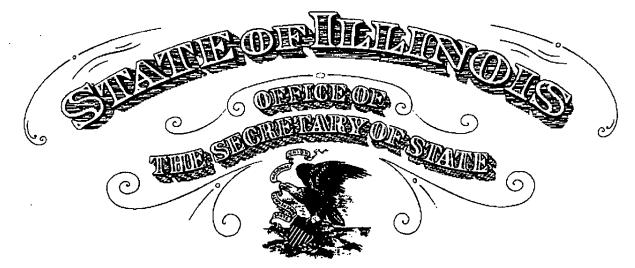
under the law of which it is incorporated.

il. Nam	es and business addresses of officers and/or directors:			
A. DIRE	ECTORS			
Chairman	Jordan S. Zoot			
	617 Grove St., Sulte A			
•	Evanston, IL 60201			
Vice Chair	rment:			
Address:				
-				
Director:				
Address:				
Director:				
Address:		y —	<u> </u>	_
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B. OFFI	CERS	55.50	, b	T
	Jordan S. Zoor		Þ	T
President:	617 Grove St., Suite A	U.S.T	<b>\$</b>	
	Evanston, IL 60201	D.E.	цг	
Vice Presi	dent:			
Address:		· · ·		
	Jordan S. Zoot	_		
Secretary:				
Address:	617 Grove St., Suite A, Evansion, IL 6020 I			
Tressurer:			<del></del>	
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers	and/or dire	ectors.	
12	Jordan S. Lot			
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that nd that he or she is aware that false information submitted in a document to the Departi gree felony as provided for in s.817.155, F.S.			
	in S. Zoot, President			

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

#### File Number

6120-079-7



## 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

JORDAN S. ZOOT, C.P.A., P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 02, 2000, 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 16TH day of NOVEMBER A.D. 2016.

Authentication #: 1632101666 verifiable until 11/16/2017
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

Jesse White