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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCOUT SOURCING 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:

NANCY Y. WALSH  
Name of Person  
SCOUT SOURCING INC.  
Firm/Company  
401 DEVON AVENUE  
Address  
PARK RIDGE IL 60068  
City/State and Zip code  
DFASHODA@NORKOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMINICK FASHODA at ( 708 ) 836-4308  
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

**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. SCOUT SOURCING INC.  
(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. 33-1133632  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/01/2006 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 401 DEVON AVENUE PARK RIDGE IL 60068  
(Principal office address)

11650 WEST GRAND AVENUE NORTHLAKE IL 60164  
(Current mailing address, if different)

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

Name: TERRI BREI

Office Address: 5320 NW 82ND COURT

OCALA, Florida 34482  
(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.*

Terri Brei

(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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SECRETARY OF STATE  
TAMPA, FLORIDA

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

**A. DIRECTORS**

Chairman: NANCY Y. WALSH

Address: 401 DEVON AVENUE

PARK RIDGE IL 60068

Vice Chairman: ELLEN REHM

Address: 11650 WEST GRAND AVENUE, NORTHLAKE IL 6016

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: NANCY Y. WALSH

Address: 401 DEVON AVENUE PARK RIDGE IL 60068

Vice President: ELLEN REHM

Address: 11650 WEST GRAND AVENUE, NORTHLAKE IL 60164

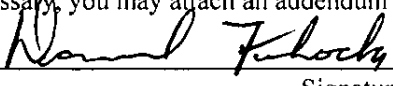
**Asst. Secretary:** DOMINICK FASHODA

Address: 11650 WEST GRAND AVENUE, NORTHLAKE IL 60164

**CFO/ Treasurer:** DOMINICK FASHODA

Address: 11650 WEST GRAND AVENUE, NORTHLAKE IL 60164

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

12. 

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.

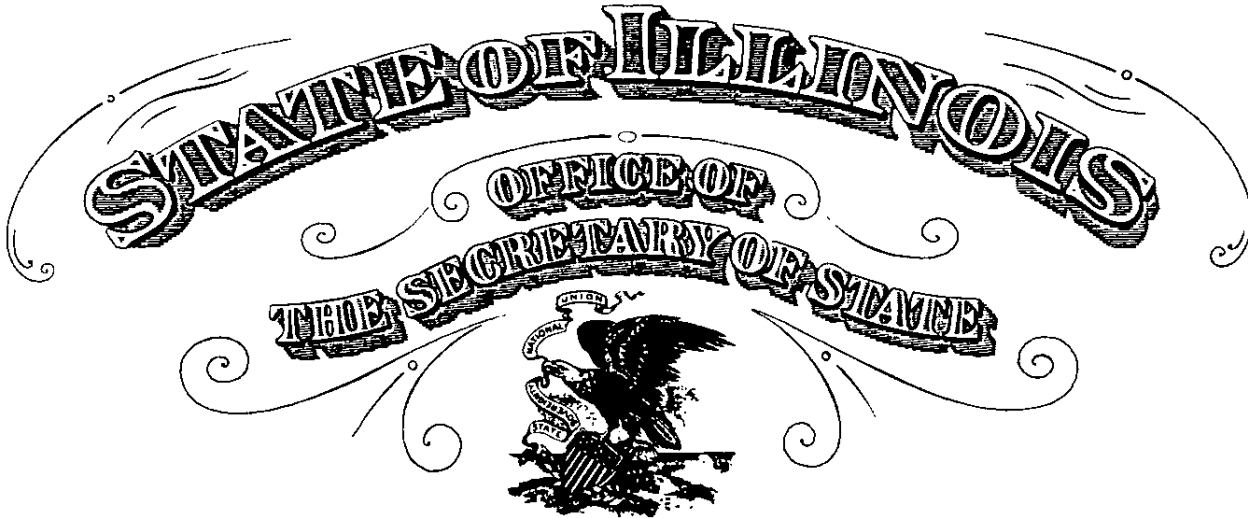
13. DOMINICK FASHODA ASSISTANT SECRETARY/CFO

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

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01/19/21 A 12:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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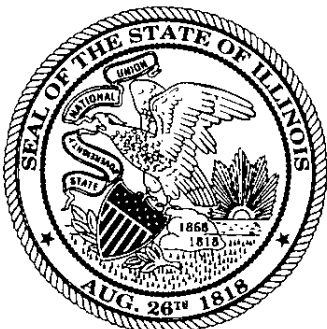
6474-009-1



***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***

SCOUT SOURCING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 01, 2006, 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 FEBRUARY A.D. 2017 .***

*Jesse White*

SECRETARY OF STATE