Electronic Filing Cover Sheet

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(((H170001391413)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION CHICAGO FOOD DEPARTMENT CO.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

10 Y 2 3 2017

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CHICAGO FOOD DEPARTMENT CO.			
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:			
Thomas L Murphy Name of Person			
Name of Person			
Firm/Company			
Petti Murphy + Associations Firm/Company  10160 W. 143rd St. Suite Al Address			
ONLAND PANK, IC 60462  City/State and Zip code			
City/State and Zip code			
Thurshy & Re Hi, Murshy Law. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Thomas Murphy at (708) 403-5500  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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy			

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.

"Inc.," "Co.," "(	Corp," "Inc," "Co," or "Corp.")		
(If name unavai	lable in Florida, enter alternate corporate	e name adopted for the purpose of transacting bu	usiness in Florida)
2. Illinois		3. <u>47 - 2821276</u> (FEI number, if applica	
(State or count	try under the law of which it is incorpora	ted) (FEI number, if application	able)
4		5. (Date of duration, if other than	
(Dat	e of incorporation)	(Date of duration, if other than	r perpetual)
6	N/A	siness in Florida, if prior to registration)	
	(Date first transacted bus (SEE SECTIONS 607.1501 &	siness in Florida, if prior to registration)  607.1502, F.S., to determine penalty liability)	
7.	9820 Pecan Hickory Way, Orlando Flo	orida 32832	
· · ·		(Principal office address)	
		*,**	
	(Curren	et mailing address, if different)	E. 3
8 Name and stre	eet address of Florida registered agen	atr (P.O. Boy, NOT acceptable)	20 B
	C T Corporation System	t. (1.6. Box <u>1.6.1</u> acceptable)	83
Name:			
Office Address:	1200 South Pine Island Road		
	Plantation .	, Florida 33324	
	(City)	(Zip code)	Draw S
	ent's accentance:		
9. Registered as			
Having been nai		ot service of process for the above stated co	
Having been nai designated in thi	s application, I hereby accept the ap	ppointment as registered agent and agree t	o act in this capacity. I
Having been nai designated in thi further agree to	is application, I hereby accept the ap comply with the provisions of all sta familiar with and accept the obligat	opointment as registered agent and agree to tutes relative to the proper and complete p tlons of my position as registered agent.	o act in this capacity. I
Having been nai designated in thi further agree to	is application, I hereby accept the ap comply with the provisions of all sta familiar with and accept the obligat C T Corpor	opointment as registered agent and agree to tutes relative to the proper and complete p tions of my position as registered agent. ration System	o act in this capacity. I
designated in thi further agree to	is application, I hereby accept the ap comply with the provisions of all sta familiar with and accept the obligat C T Corpor	opointment as registered agent and agree to tutes relative to the proper and complete p tlons of my position as registered agent.	o act in this capacity. I

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		
Address: 2807 West more land ave.		
New Lenox, IC60451		
Vice Chairman: DUDYA ABNUL TABBAC		
Address: 2807 Westmoreland ave.		
Director:		
Address:		
Director:	The state of the s	.;,
Address:	Ev	•
Additional Control of the Control of	AS B	
B. OFFICERS	\$5 X	
ROBERT GREBIC President:	A C	
2807 WESTMORELAND AVE NEW LENOX 60451		
Address:	5 <b>2</b>	
N' - Paridan	÷	
Vice President:		
Address:		
Secretary: DUNYA ABDULJABBAR		
2807 WESTMORELAND AVE NEW LENOX 60451		
Address:		
Treasurer:	.,,	*.A:
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional office for the state of	cers and/or directors.	
12. Kobert Grebic Signature of Director or Officer		
The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	s that the facts stated herein partment of State constitutes	
Robert Grebic  (Typed or printed name and capacity of person signing application)		
(Typed or printed name and capacity of person signing application)		

File Number

6993-981-3



## 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

CHICAGO FOOD DEPARTMENT CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 09, 2015, 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 2ND day of MAY A.D. 2017.

Authentication #: 1712201188 verifiable until 05/02/2018
Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE