

6/2/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A170001486023

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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 future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

TXCSO, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

TXCSO, INC.

SUBJECT: _____
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:

HEIDI KIGHT

Name of Person
ARNSTEIN & LSHR LLP

Firm/Company
161 N. CLARK STREET, SUITE 4200

Address
CHICAGO, ILLINOIS 60601

City/State and Zip code
HAKIGHT@ARNSTEIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIDI KIGHT

312

876-7835

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

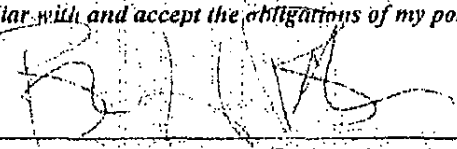
Enclosed is a check for the following amount:

- ☐ \$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

FILED
JUN -2 AM 6:15
TALLAHASSEE, FLORIDA

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. TXCSO, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. TEXAS
(State or country under the law of which it is incorporated)
3.
(FEI number, if applicable)
4. 7/19/2006
(Date of incorporation)
5. PERPETUAL
(Date of duration, if other than perpetual)
6. DATE OF FILING.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2400 W. DEVON AVE., CHICAGO, ILLINOIS 60659
(Principal office address)
2400 W. DEVON AVE., CHICAGO, ILLINOIS 60659
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Bruce H. Balonick
Office Address: 200 S. Biscayne Blvd., Ste 3600
Miami, Florida 33131
(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.

FILED
JUN -2 AM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: IRVING BARR

Address: 2400 W. DEVON AVE., CHICAGO, ILLINOIS 60659

Director: _____

Address: _____

B. OFFICERS

President: IRA FELNER

Address: 2400 W. DEVON AVE., CHICAGO, ILLINOIS 60659

CEO: IRVING BARR

Address: 2400 W. DEVON AVE., CHICAGO, ILLINOIS 60659

Secretary: IRVING BARR

Address: 2400 W. DEVON AVE., CHICAGO, ILLINOIS 60659

Treasurer: _____

Address: _____

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. IRA FELNER PRESIDENT

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

FILED
JUN -2 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TXCSO, INC. (file number 800682755), a Domestic For-Profit Corporation, was filed in this office on July 19, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 02, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State

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JUN -2 AM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA