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SECRETARY OF STATE

K. SALY JUN 27 2017

COVER LETTER

TO:	Registration Section Division of Corporations		-	
CHRI	Safe Sheds Sales Inc.			
SUDI		of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi		e of Good Stan	Authorization to Transact Business in F ding" and check are submitted to registers in Florida.	
	return all correspondence concerr d Guymon	ning this matter	to the following:	
		Name of	Person	
Safe S	heds Sales Inc.			
		Firm/Com	pany	
1003 5	S Maple St			
		Addre	SS	
Salem	, IL 62881			
		City/State a	nd Zip code	
d.guyn	non@hotmail.com			
	E-mail addres	s: (to be used f	or future annual report notification)	
For fu	rther information concerning this i	natter, please c	all:	
		618 at (740-0044	
	Name of Person	Area Cod	Daytime Telephone Number	
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check for the following am	ount:		
\$ 70	0.00 Filing Fee		\$78.75 Filing Fee & S87.50 Fil Certified Copy Certified Certified	e of Status

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.

Safe Sheds Sales	s Inc.			
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"	
(If name unavaila Illinois 2.	able in Florida, enter alternate corporate nar	me	adopted for the purpose of transacting business in Florida 82-1753156	<u></u>
(State or country 06/05/2017	<u></u>			
(Date	of incorporation)	<i>.</i>).	(Date of duration, if other than perpetual)	
7	(SEE SECTIONS 607.1501 & 60' Salem, Illinois, 62881	7.13	n Florida, if prior to registration) 502, F.S., to determine penalty liability) pal office address)	
	(Current ma	ailiı	ng address, if different) O. Box NOT acceptable)	
8. Name and stree	et address of Florida registered agent: ((P.C	2, 201 (1) (1) (1) (1) (1) (1) (1) (1) (1)	Г
Name:	InCorp Services, Inc.		OF ST E.FLC	
Office Address:	17888 67th Court North		STATE CORNUL	
	Loxahatchee		, Florida	
	(City)		(Zip code)	

9. Registered agent's acceptance:

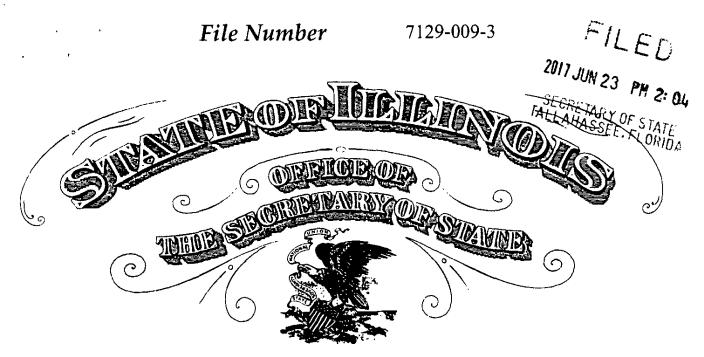
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

facking Jackie Defilippis on behalf of Incorp (Registered agent's signature) Services, Inc

10. Attached is a cortificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

10. Attached is a cortificate 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 Donald Guymon Chairman: 7029 Parrill Road Address: Alma, IL 62807 Betty Guymon Vice Chairman: 7029 Parrill Road Address: Alma, IL 62807 Michelle Barbee Director: P.O. Box 133 Address: Salem, IL 62881 Director: Address: **B. OFFICERS** Donald Guymon President: 7029 Parrill Road Address: Alma, IL 62881 Betty Guymon Vice President: 7029 Parrill Road Address: Alma, IL 62807 Betty Guymon Secretary: 7029 Parrill Road, Alma, IL 62807 Address: Michelle Barbee Treasurer: P.O. Box 133, Salem, IL 62881 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Donald Guymon (Typed or printed name and capacity of person signing application)



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

SAFE SHEDS SALES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 05, 2017, 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 9TH

day of

JUNE

A.D.2017

Authentication #: 1716001364 verifiable until 06/09/2018 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE