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ECRETARY OF STATE
ALLAHASSEE, FLORIDA

18/5/17

#### **COVER LETTER**

то:	Registration Se Division of Co					
~~	Creativ	• e Colors Internation	al, Inc.			
SUBJ	IECT:	Name	of corporatio	n - must	include suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existence	ion by Foreign Co e," or "Certificate in corporation to t	of Good Sta	nding" :	and check are sub	ct Business in Florida," mitted to register the
	return all corresp L Lehnert	oondence concern	ing this matte	er to the	following:	
			Name of	Person		
Creati	ve Colors Internation	onal, Inc.				
			Firm/Co	npany		
19015	Jodi Road Suite E					
			Add	ress		
Moke	na, II 60448					
		-	City/State	and Zip	code	
eva.le	hnert@creativecold					
		E-mail address	: (to be used	for futu	re annual report r	notification)
For fu	rther information	concerning this m	natter, please	call:		
Eva N	Eva M. Lehnert 708 478-1437 at ()					
•	Name of Perso	าก	Area Co	de	Daytime Telepl	hone Number
	STREET/COU Registration Set Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	S:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclo	sed is a check for	the following am				
<b>□</b> \$7	0.00 Filing Fee	S78.75 Filin Certificate	g Fee & 1		75 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate 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.

	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION	I,"
ine., Co., Co	orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)
Illinois		6-3759042	
	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
(Date	of incorporation) 5	(Date of duration, if other	than perpetual)
3/17/2017	•		
19015 Jodi Road	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 Suite E, Mokena II 60448		ty)
		office address)	
	(Correct mailing	address, if different)	
	(Current maning	address, if different)	. = .
Nama and stragg	<u>t address</u> of Florida registered agent: (P.O.	Dov. NOT acceptable)	ALL.
Name:	Jim Foster	Box <u>1401</u> acceptable)	AUG -7 RETARY OF AHASSEE.
Office Address:	3486 Via Montana Way	_	FILED  1ARY OF STASSEE, FL
	North Fort Myers	33917 , Florida	TAT ORM
	(City)	(Zip code)	) A C
laving been nam lesignated in this urther agree to co	ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of	ent as registered agent and agr lative to the proper and comple	ee to act in this capacity. te performance of my
	A 71		
	Jan The	ent'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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Address: \_\_\_\_\_ Director: Address: **B. OFFICERS** Mark Bollman President: 19015 S. Jodi Road Address: \_ Mokena, II. 60448 Terri Sniegolski Vice President: 19015 S. Jodi Road Address: Mokena, II 60448 Address: \_\_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. - John se 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

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

a third degree felony as provided for in s.817.155, F.S.



#### OFFICE OF THE SECRETARY OF STATE

#### JESSE WHITE • Secretary of State

5619-330-8

07/24/2017

CREATIVE COLORS INTERANTIONAL, INC. EVA LEHNERT 19015 S JODI RD, STE 3 MOKENA, IL 60448

RE: CREATIVE COLORS INTERNATIONAL, INC.

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFICATE(S) REQUESTED CONCERNING THE ABOVE REFERENCED CORPORATION.

THE CERTIFICATE(S) WAS/WERE ASSIGNED AUTHENTICATION NUMBER 1720500529.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE: (217)524-8008

JW:CD

#### File Number

5619-330-8



## 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

CREATIVE COLORS INTERNATIONAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 03, 1990, 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 24TH

day of

JULY

A.D. 2017

hentication #: 1720500529 verifiable until 07/24/2018. thenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE