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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: INFINITE MAINTENANCE SUPPLIES 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:				
GREGORY GREEN				
Name of Person				
INFINITE MAINTENANCE SUPPLIES INC.				
Firm/Company				
2310 S. 50±5 ST. LOT #27				
Address				
TAMPA, FLORIDA 33619				
City/State and Zip code				
Gregorygreen_436VAHOO-COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
(1850 page 1) 200 Cost				
GREGORY GREEN at (217) 390-9057 Name of Person Area Code Daytime Telephone Number				
Daytine Perephone Pumber				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy 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. INFINITE MAIN	NTENANCE SU	IPPLIES I	WC.			
(Enter name of corporation; m "Inc.," "Co.," "Corp," "Inc," "		ATED," "COMP.	ANY," "CORPOR	RATION,"		
and con conp. me.	co, or corp. ,					
(If name unavailable in Florida	i, enter alternate corporat	e name adopted fo	r the purpose of tra	ansacting business in	Florida)	
2 ILLINOIS		34	7-325	0720		
(State or country under the la	w of which it is incorpora	ated)	(FEI number	er, if applicable)		
4. 2/23/2015	-	5. <u> PE</u> F	RPETILAL			
(Date of incorporat				if other than perpetua	al)	
6.						
	(Date first transacted bu	siness in Florida. i	prior to registration	on)		
	E SECTIONS 607.1501 &	& 607.1502, F.S., to	o determine penalt	y liability)		
7. 210 W. WILDWOO		·ZION, I	62549			
		(Principal office a	,			
2310 S. 50th ST	LOT #27	TAMPA, F	<u>L. 3361</u>	9		
	(Currer	nt mailing address.	if different)	7 m 2-1	کئ	
0 Name - Jane - 11 C	m i i	(D O D) \		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	SEP -	
8. Name and street address of	Florida registered ager	it: (P.O. Box <u>N</u> o	<u>OF</u> acceptable)	<u> </u>	·	
Name: GLEGO	DRY GREEN			7.7	- S € /	1
Office Address: 2310 S.	50th ST. LO	T #27			AH 8:49	
TAMPA	1	, Flo	rida 3361°	7		
	(City)		(Zip code)			
O Degistered agent's accent.) 1					

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.

Kregory Krsen
(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: _____ Director: Address: _____ **B. OFFICERS** President: GREGORY GREEN Address: 2310 S. 50tb ST. LOT #27 TAMPA, FLORIDA 33619 Vice President: Address: _____ Secretary: SAME Address: Treasurer: SAME 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. B. GREGORY

File Number

7003-169-8



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

INFINITE MAINTENANCE SUPPLIES INC.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 23, 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 30TH day of AUGUST A.D. 2017.

Authentication #: 1724201678 verifiable until 08/30/2018
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

esse White