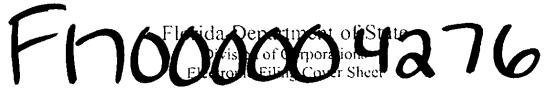
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002516433)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Corporations	
	Fax Number : (350:617-6383	
From:		ואר. באר
	Account Name : C T CORPORATION SYSTEM	.:
	Account Number : FCA000000023	LAHA
	Phone : (512)418-6949	≥.
	Fax Number : (954)208-0845	₹'
		_
**Enter ti	ne email address for this business entity to be us	ed for Eurure
annu	al report mailings. Enter only one email address ;	olease. 🎢 📜
Ema i	l Address:	
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		<i>-</i> 23

Lanter Delivery Systems, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
	orporation - must include suffix
Dear Sir or Madam:	•
	mation for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the sact business in Florida.
Please return all correspondence concerning	this matter to the following:
	Name of Person
	Firm/Company
	Address
	Sity/State and Zip code
E-mail address: (t	o be used for future annual report notification)
For further information concerning this man	er, please call:
111	()
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 amoun	ıt:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing F Certificate of \$	

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.

(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	- 11	
me., oo., e	sip, me, coe or comp.)			
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in Florida)	
		37-1348492		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
10/26/1995	5.	perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
upon filing				
		in Plotida, if prior to registration) 502, F.S., to determine penalty liabili	ity)	
, 1600 Wayne Lan	ter Avenue, Madison, IL 62060			
•	(Princi	ipal office address)		
	(Current mail	ing address, if different)		
3. Name and stres	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2233	
Name:	C T Corporation System		SER .	
Office Address:	1200 South Pine Island Road		25	
	Plantation	. Florida 33324		
	(City)	(Zip code)	AH 9: 20	
). Registered ag	cut's acceptance:		ب ر	
Having been nam	ned as registered agent and to accept ser- application, I hereby accept the appoint	vice of process for the above state	ed corporation at the present the property of the property of the control of the	
further agree to c	amply with the provisions of all statutes	relative to the proper and compl	ete performance of m	
futics, and I am j	familiar with and accept the obligations C T Corporation		· t.	
		•		
Bv:	Khisten Lichmonite	Kristen Lichvarcik, Assista	int Secretary	
2 -3-	· · · · · · · · · · · · · · · · · · ·	l 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.

A. DIRECTORS		
Steven W. Lanter Chairman:		
Address: 1600 Wayne Lanter Avenue		
Madison, Tr. 62060		
Vice Chairman:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:		
1600 Wayne Lanter Avenue		
Address:		
Vice President:	:_ ====================================	e-:
Address:	: <u> </u>	<u></u>
		i
Secretary: Steven W. Lanter		
Address: 1600 Wayne Lanter Avenue, Madison, IL 62060		<u> </u>
Treasurer:	- 2	
Address:		
NOTE: If necessary you may attach an addendum to the application listing ac	ditional officers and/or directors.	
12		

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

13. Steven W. Lanter, President

a third degree felony as provided for in 5.817.155, F.S.

File Number

5856-778-7



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

LANTER DELIVERY SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 26, 1995, 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 25TH day of SEPTEMBER A.D. 2017.

Authentication #; 1726801572 verifiable until 09/25/2018
Authenticate at. http://www.cyberdriveillinois.com

Desse White