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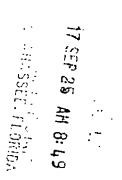
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)	 		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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SEP 2 7 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations				
That Translation (Discourse)				
SUBJECT: I'LL IYUGGEVI COY DOVATON				
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:				
Keegan Trudaen				
Name of Person				
The Trudgen Corporation				
(PGD) Rownie 1 and				
Address				
ELV Grove Village Illianis (ODD)				
City/State and Zip code				
KTYUGGED DUTOLIAN. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Emily Nilves at (1830) 477-9120				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		RANSACT BUSINESS IN THE STATE OF FLOR			
(Enter name of c	orporation; mest include "INCORI	PORATED." "COMPANY." "CORPORATION."			
-,					
(If name unavail	able in Florida, enter alternate corp	porate name adopted for the purpose of transacting bus	siness in Florida)		
2. <u> </u>	DIS	<u> 3. 46-3105330</u>			
(State or countr	y under the law of which it is incor	rporated) (FEI number, if applical	ble)		
4 0 0	2013	5			
(Date	(Date of incorporation) (Date of duration, if other than perpetual)				
6					
	(Date first transacted (SEF SECTIONS 607.15	d business in Florida, if prior to registration) 01 & 607.1502. F.S., to determine penalty liability)			
- 1050 0	tologo lacion		1,0000		
1. <u>U </u>	onine will	(Principal office address)	1		
		(Timospan office address)			
	(Cı	urrent mailing address, if different)			
	·	,	量量		
8. Name and stree	t address of Florida registered a	agent: (P.O. Box NOT acceptable)	SS 69		
Name:	Michael Brodarick	 •	5.1		
name:	6001 Hiatus Road, Suite 13	·	A STATE OF THE STA		
Office Address:			1.80 7		
	Tamarac 33321		<u>v</u>		
	(City)	(Zip code)			
) Domintowed	-415				
). Registered age Having been nam		ecept service of process for the above stated cor	norution at the place		
lesignated in this	application, I hereby accept th	e appointment as registered agent and agree to	act in this capacity. I		
urther agree to co luties, and I am fo	omply with the provisions of all amiliar with and accept the obl	l statutes relative to the proper and complete pe ligations of my position as registered agent.	rformance of my		
····· , ·	,	igunous of my position as registered agent.			
	Mich B.	· · · · · · · · · · · · · · · · · · ·			
	(1	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 Grove Village, IL LODOD Vice Chairman: Address: _____ Director: Address: _____ Director: Address: ___ B. OFFICERS Grove Village, 12 60007 Vice President: 111/ Grove Village, 12 60007 Secretary: 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. Kleaan (Typed or printed name and capacity of person signing application)

File Number

6909-531-3



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

THE TRUDGEN CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 02, 2013, 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 14TH day of SEPTEMBER A.D. 2017.

Authentication #: 1725701702 verifiable until 09/14/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE