### **Division of Corporations Electronic Filing Cover Sheet**

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.

(((H17000265250 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number ; (954)208-0845

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. \*\*\*

Email Address:					
	Email	Address:		 	

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## FOREIGN PROFIT/NONPROFIT CORPORATION Puroclean Water And Fire Systems, Inc.

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

OCT	1	0	017				

SULKER

### **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Puroclear	Water And Fire Systems			
30001.01.	Name of corpora	tion - must	include suffix	
Dear Sir or Madam:				
"Certificate of Existence	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact bu	Standing" :	ınd check are sub	
Please return all corresp	ondence concerning this ma	itter to the	following:	
Nicholas Pacella				
	Name	of Person	<del></del>	
Puroclean water and fire	systems suite 108			
	Firm/0	Company -		· · · · · · · · · · · · · · · · · · ·
15 w 700 North Fromage	Rd			
	A	ddress		
Burr Ridge II, 60527				
	City/Sta	te and Zip	code	
npacella@puroclean.com		16.0		
	E-mail address: (to be us	icd for futi	re annual report	notification)
For further information	concerning this matter, plea	se call:		
nichofas pacella	n at (773	679	-1228	
Name of Perso	n Area (	Code	Daytime Telep	hone Number
STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations B Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for	the following amount:			
☐ \$70,00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Illinois	3.	821389162	
(State or count	y under the law of which it is incorporated)	(FEI number, if app	icable)
5/02/2017	5.		
	of incorporation)	(Date of duration, if other the	nan perpetual)
·.		n Florida, if prior to registration)	
. 15 W 700 North	(SEE SECTIONS 607-1501 & 607.1 Frontage Rd Suite 108 Burr Ridge IL 60527	502, F.S., to determine penalty liability pal office address)	
	(Current maili	ng address, if different)	30 6
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C C T Corporation System	O. Box NOT acceptable)	OCT-5 AH 8:45
	1200 South Pine Island Road		AH 8: 4:
Office Address:			12.
Office Address:	Plantation	, Florida 33324	<u> </u>

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.

By:

(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.

O.	Pane	5	of

DIRECTORS	
man: Nicholas Pacella	
ess: 1228 Chapman Court Darien, IL 60561	
Chairman:	
ess:	
stor;	
ess:	
etor;	
uss:	
OFFICERS	
dent: Nichotas Pacella	- 7
ess: 1228 Chapman Court Darieu, IL 60561	130
	- · · · · · · · · · · · · · · · · · · ·
President:	>>
ress:	10 <b>8</b> 1
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ctary:	
CS81	
css:surer:	

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 \$.817.155, F.S.

13. Nicholas Pacella President

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

File Number

7125-847-5



# 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

PUROCLEAN WATER AND FIRE SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 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 6TH day of OCTOBER A.D. 2017.

Authentication #1 1727902962 verifiable until 10/06/2018 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE