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(Da		
(Re	questor's Name)	1
(Add	dress)	
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(City	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		
	Office Use Or	nlv



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COVER LETTER

TO:	Registration Sec Division of Cor					
		nampions, Inc.				
SUB.	JECT:					
		Name	of corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi		e," or "Certificate	of Good Stan	ding" and check are s	sact Business in Florid submitted to register the	
	e return all corresp d J. Kindwald	oondence concern	ing this matter	to the following:		
			Name of	Person		
Kindw	ald Law Offices, P	.C.				
			Firm/Com	nany		
105 W	', Madison St Ste.	1800	i iiiiii Coiii	pany		
			Addre	ess		
Chicag	go, IL 60602					
			City/State a	nd Zin code		
djk@k	indwaldlaw.com		enyonate a	na ziji code		77
		E-mail addres.	s: (to be used t	or future annual repo	rt notification) 👊	المسيد
For fu	rther information	concerning this n	natter, please c	all:	SSEEL TLO	וח
Donald J. Kindwald		312	229.1675	- U	Ö	
			at (
	Name of Perso	n	Area Cod	e Daytime Tel	ephone Number <u><u><u>u</u></u></u>	
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			
Enclo	sed is a check for	the following am	ount:			
3 \$7	0.00 Filing Fee	S78.75 Filin Certificate		S78.75 Filing Fee & Certified Copy	\$87.50 Filing I Certificate of Certified Cop	Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

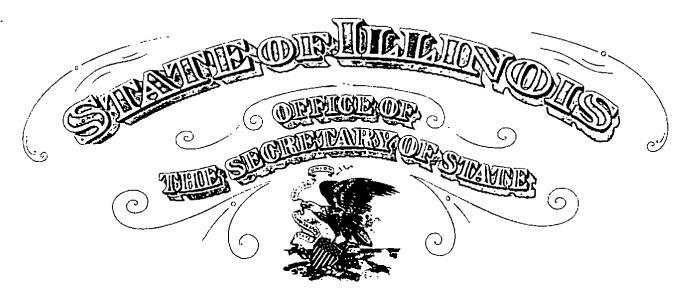
REGISTER A FO Florida Champi 1.		ISINESS IN THE STATE OF F	FLORIDA.	
(Enter name of c	corporation; must include "INCORPORATED," 'Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATIO	N."	-
Illinois	able in Florida, enter alternate corporate name ad		_	-
July 14, 2017	r country under the law of which it is incorporated) (FEI number, if applicable) 2017			
(Date N/A	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 oint, Dr Ste. 150A, Tampa, FL 33607		lity)	-
105 W. Madison	St Ste. 1800			_
	(Current mailing	address, if different)	-	•
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Registered Agents, Inc.	Box <u>NOT</u> acceptable)	MALLYHY LYTTYL L	.11
Office Address:	3030 N. Rocky Point Dr Ste. 150A		SSS	<u>r</u>
		33607 , Florida		
) Registered ago	(City) ent's acceptance:	(Zip code)	E. F LORIO,	J
Having been nam designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relaminar with and accept the obligations of n	nt as registered agent and agi ative to the proper and compl	ed corporation at the ree to act in this capa ete performance of .n	icity.
	Bei Han	•		
	(Registered age	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:

	ECTORS Kevin Kincaid			
Chairma	n: 105 W. Madison St Ste - 1800	- 		
Address	Chicago, IL, 60602			
Vice Ch				
Address:	105 W. Madison St Ste. 1800			
	Chicago, 11, 60602			

Director				
Address:				·
				
Director:		_		
		-		
B. OFF	ICERS			
	Kenneth Selvig			
President	105 W. Madison St Ste. 1800			
Address:	Chicago, IL 60602		281	
		<u> </u>	90	77
Vice Presi	dent:	A\$8		1
		171 171		ITI
				U
Secretary:	Kenneth Selvig	- 2:	<u>i52</u>	
Address:	05 W. Madison St Ste. 1800	<u> </u>	_==	
	Chicago, II, 60602			
			·	
Address: _				
NOTE: 1	necessary, you may attach an adderdum to the application listing additional off	icers and/or	director	<u>-</u>
12	- PRIMILIA LEVY		on cere,	3.
The office are true an a third deg	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirm that he or she is aware that false information submitted in a document to the Di tee felony as provided for in s.817.155. F.S.	is that the fa	ects state f State co	d herein onstitutes
	(Typed or printed name and capacity of person signing application	14/1	_	



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

FLORIDA CHAMPIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 14, 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 2ND day of OCTOBER A.D. 2017 .

Authentication #: 1727502708 verifiable until 10/02/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE