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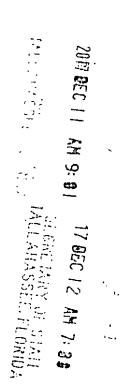
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Nomber)
Certified Copies Certificates of Status
Considerations to Filips Officer
Special Instructions to Filing Officer:
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## **COVER LETTER**

то:	Registration Sec Division of Cor				
SUBJ		ODE SERVICES INC.			
3000	<b></b>	Name of cor	poration -	must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existenc	ion by Foreign Corpora e," or "Certificate of G n corporation to transa	ood Stand	ing" and check are sub	ct Business in Florida," omitted to register the
	return all corresp N BERIC	ondence concerning th	is matter t	o the following:	
		1	Name of Pe	erson	
FIBER	NODE SERVICE	S INC.			
525 RA	ANDY RD	F	irm/Comp	any	
	<del></del>		Addres	S	
CARO	L STREAM, IL 60	188			
ljiljana	.c@srejovicaccount	,	y/State and	I Zip code	
	·	E-mail address: (to	be used fo	r future annual report i	notification)
For fur	rther information	concerning this matter	, please ca	11:	
ZORA	N BERIC	_	147	867-3971	
	Name of Perso	······································	vrea Code	Daytime Telep	hone Number
	Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle 32301		MAILING A Registration S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7
Enclos	sed is a check for	the following amount:			
<b>\$</b> \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified 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.

	(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,,,,
2.	(If name unavail	able in Florida, enter alternate corporate name a	36-4458940	g business in Florida)
(State or country under the law of which it is incorporated) (FEI number, if applicable) 07/31/2001				
• •	(Date	of incorporation)	(Date of duration, if other	than perpetual)
7.		NRD, STE 503, TAMPA, FL 33634 (Principal), CAROL STREAM, IL 60188	al office address)	
		(Current mailing	g address, if different)	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
	Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)	<u> 25 2                                 </u>
8.	Name:	JOVAN BOZIC		BEC 12
	Name:	JOVAN BOZIC 6304 BENJAMIN RD, STE 503		12 3388 3388
			  33634 , Florida	C 12 AM 7: 3

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.

(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 **ZORAN BERIC** Chairman: 1106 N CHESTNUT AVE. ARLINGTON HTS, IL 60004 Address: **ZORAN BERIC** Vice Chairman: 1106 N CHESTNUT AVE, ARLINGTON HTS, IL 60004 ZORAN BERIC 1106 N CHESTNUT AVE, ARLINGTON HTS, IL 60004 **B. OFFICERS** ZORAN BERIC President: 1106 N CHESTNUT AVE. ARLINGTON HTS, IL 60004 Address: ZORAN BERIC 1106 N CHESTNUT AVE, ARLINGTON HTS, IL 60004 Address: \_\_\_ ZORAN BERIC Secretary: 1106 N CHESTNUT AVE, ARLINGTON HTS, IL 60004 Address: ZORAN BERIC Treasurer: 1106 N CHESTNUT AVE, ARLINGTON HTS, IL 60004 Address: NOTE: If negessary, 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.

ZORAN BERIC, PRESIDENT



## 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

FIBER NODE SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 31, 2001, 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 29TH day of NOVEMBER A.D. 2017.

Authentication #; 1733302336 verifiable until 11/29/2018

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

DATE 11/29/17  = 57ATE - REGISTRATION SECTES 70  DOLLARS LB 1 5 3 2 B 5 0 9 11 1	SREJOVIC ACCOUNTING SERVICES LTD. F
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