# F18000000277

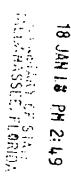
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business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

Office Use Only



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#### **COVER LETTER**

| TO:  | Registration Section Division of Corpo |   |                                       |   |
|--|--|---|---------------------------------------|---|
|  | Tuminello E                            | nterprizes Inc  |                                       |   |
| SUBJ   | ECT:                                   |   | <del> </del>                          | <u> </u>  |
|  |  | Name of corporat  | ion - must include suffix             |   |
| Dear S   | Sir or Madam:                          |   | •                                     |   |
| "Certil  | ficate of Existence,"                  | by Foreign Corporation to<br>or "Certificate of Good Storporation to transact bus | tanding" and check are si             | sact Business in Florida,"<br>ubmitted to register the    |
| Plcase   | return all correspon                   | dence concerning this ma  | tter to the following:                |   |
|  | ond A. Tuminello                       | _   | J                                     |   |
|  |  | Name  | of Person                             | <u> </u>  |
| Tumin  | ello Enterprizes Inc                   | Name  | or rerson                             |   |
|  |  | Firm/C  | ompany                                |   |
| 1347 E   | ast Street                             |   |                                       |   |
|  |  | Ad  | dress                                 |   |
| Morris,  | , Illinois 60450                       |   |                                       | •   |
|  |  | City/Stat   | e and Zip code                        |   |
| ray.tum  | ninello@qualityglassb                  | lock.com  | •                                     |   |
|  |  | E-mail address: (to be use  | ed for future annual repor            | t notification)   |
| For fur  | ther information cor                   | ncerning this matter, pleas   | se call:                              |   |
| Ray Tu   | minello                                | 815   | 416-1007                              |   |
|  | Name of Person                         | at ( at C   | ode Daytime Tele                      | phone Number  |
|  |  |   |                                       |   |
| STREET/COURIER ADDRESS:  |  |   | MAILING ADDRESS:                      |   |
| Registration Section   |  | -   | Registration Section                  |   |
| Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 |  |   | •                                     |   |
|  |  |   |                                       |   |
|  | Tallahassee, FL 32                     |   | i atlanassee,                         | rl 32314  |
| Enclose  | ed is a check for the                  | following amount:   | •                                     |   |
| <b>5</b> 70  | .00 Filing Fee                         | \$78.75 Filing Fee & Certificate of Status  | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 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.

| Tuminello Ente                 | erprizes Inc   |  |           |
|--------------------------------|--|--|-----------|
| (Enter name of c               | corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")   | "COMPANY," "CORPORATION,"  | ·         |
| (If name unavail               | able in Florida, enter alternate corporate name                            | adopted for the purpose of transacting business in Flori                           |           |
| Illinois<br>2.                 | 3.   | 26-0350656   |           |
| (State or countr<br>05/02/2007 | ry under the law of which it is incorporated)                              |  |           |
| (Date<br>1-15-2018             | of incorporation) 5.   | (Date of duration, if other than perpetual)  |           |
| 1347 East St., Mo              | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15         | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability) |           |
|                                |  | oal office address)  |           |
|                                | (Current mailing) et address of Florida registered agent: (P.0) Toni Hines | D. Box NOT acceptable)   | Hd &! HVF |
| Name:<br>Office Address:       | 5209 Admiral Pointe Dr   |  | 5:49      |
|                                | Appollo Beach  | 33572<br>, Florida   |           |
|                                | (City)   | (Zip code)   |           |

#### 9. Registered agent's acceptance:

Having been named us 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)

0. 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 ander the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Address: \_\_ **B. OFFICERS** Jennifer L. Tuminello President: 1011 Grand Mesa, New Lenox, IL 60451 Vice President: Raymond A. Tuminello 1011 Grand Mesa, New Lenox, IL 60451 Address: \_ Treasurer: 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. 13. Raymond A. Tuminello, Secretary (Typed or printed name and capacity of person signing application)



## 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

TUMINELLO ENTERPRIZES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 2007, 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 12TH day of JANUARY A.D. 2018.

Authentication #: 1801201220 verifiable until 01/12/2019
Authenticate at: http://www.cyberdrivellinois.com

Desse White

SECRETARY OF STATE

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