# F1800000 461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 3 7 25.5 J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations		
Scooter's Lawn Care Inc.		
SUBJECT:		
Name of corporation - must	include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Author" "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the	
Please return all correspondence concerning this matter to the Jacob Godar	following:	
Name of Person Scooter's Lawn Care Inc.	-	
Firm/Company 3204 Bissell Rd		
Address Springfield IL. 62707		
City/State and Zip of Jacob@scooterslawncare.com	code	
E-mail address: (to be used for futu	e annual report notification)	
For further information concerning this matter, please call:		
	6167	
Name of Person Area Code	Daytime Telephone Number	
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	
Enclosed is a check for the following amount:		
	5 Filing Fee & S87.50 Filing Fee, fied Copy Certificate of Status of Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2018

JACOB GODAR 3204 BISSELL RD SPRINGFIELD, IL 62707

SUBJECT: SCOOTER'S LAWN CARE INC.

Ref. Number: W18000003652

We have received your document for SCOOTER'S LAWN CARE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good stahding, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is hot acceptable.

Please return a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 018A00000832

RECEIVED

JAN 29 2018

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	emoration; must include MINICORDOR	ATED " "CO	MPANY," "CORPORATION,"			
"Inc" "Co" "Co	orporation; must include "INCORPOR orp," "Inc." "Co," or "Corp.")	(A 1 ED, "CO	MIPAINT, "CURPURATION,"			
Illinois	ible in Florida, enter alternate corporal  15 US	-		ousiness in Florida)		
(State or country 1/1/2016	y under the law of which it is incorpor	rated)	(FEI number, if appli	(FEI number, if applicable)		
(Date	of incorporation)	<u> </u>	(Date of duration, if other tha			
9/1/17	or neorporation;		(Date of duration, if other tha	in perpetuar)		
3204 Bissell Rd S	(Date first transacted bu (SEE SECTIONS 607.1501 a pringfield IL, 62707		da, if prior to registration) S., to determine penalty liability)	)		
· · · · · · · · · · · · · · · · · · ·		(Principal offic	cc address)	- <del> </del>		
	(Сите	nt mailing addr	ess, if different)	1 202		
Name and stree	t address of Florida registered age:	nt: (P.O. Box	: NOT acceptable)			
Name:	Jacob Godar	(1,0,20.	. <u></u> uocopaane)			
fice Address:	4620 SE 4th Pl Unit 1			•		
77447000	Cape Coral		33904			
	(City)	· · · · · · · · · · · · · · · · · · ·	Florida (Zip code)			
wing been name signated in this	nt's acceptance: ed as registered agent and to acce application, I hereby accept the a amply with the provisions of all st	ppointment a	s registered agent and agree	to act in this capaci		
ties, and I am fo	omply with the provisions of all standing amiliar with and accept the obligation	ututes retative utions of my p	osition as registered agent.	perjormance oj my		
	/// 1					

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Jacob Godar Chairman: 3204 Bissell Rd Springfield IL, 62707 Address: Jacob Godar Vice Chairman: 3204 Bissell Rd Springfield IL, 62707 Jacob Godar Director: 3204 Bissell Rd Springfield IL, 62707 Address: Jacob Godar Director: 3204 Bissell Rd Springfield IL, 62707 Address: **B. OFFICERS** Jacob Godar President: 3204 Bissell Rd Springfield IL, 62707 Address: Jacob Godar Vice President: 3204 Bissell Rd Springfield IL, 62707 Address: Jacob Godar Secretary: 3204 Bissell Rd Springfield IL, 62707 Address: Jacob Godar Treasurer: 3204 Bissell Rd Springfield IL, 62707 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) aftirms 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. (Typed or printed name and capacity of person signing application)

### File Number

7043-509-8



## 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

SCOOTER'S LAWN CARE INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 30, 2015. 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 23RD day of JANUARY A.D. 2018.

Authentication #: 1802303890 verifiable until 01/23/2019

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

Jesse White

SECRETARY OF STATE