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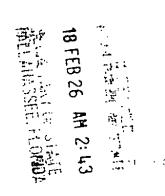
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:

Office Use Only

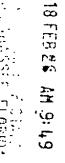


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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/26/2018	_	#WALK IN
ENTITY NAME ALEX	S FIRE EQUIPMENT CO	
OCUMENT NUMBER_	<u> </u>	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION	
NUMBER OF CERTIFICE	TES REQUESTED	
TOTAL OWED 70.00	снеск # ⁴⁵⁷⁵	
TOTAL OWED 70.00 Please call Tina at a	CHECK #4575 the above number for any issues or concerns. Thank	yoa so much!

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.

(If name ampueil)	able in Florida, enter alternate corrorate par	me adopted for the purpose of transacting busi	ness in Florida)
Illinois	•		
10.	y under the law of which it is incorporated)	3. (FEI number, if applicab	
	y under the law of which it is incorporated)	(PE) number, it applicat	nej
05/21/1959		5	
(Date	of incorporation)	5. (Date of duration, if other than p	perpetual)
	(Date first transacted busines	ss in Florida, if prior to registration)	
		7.1502, F.S., to determine penalty liability)	
100 E	SBUADMAN STEATS II S		
109 E.		61412	<u></u>
109 E.			
109 E.	(Prii	61412 ncipal office address)	
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. Name and stree	(Prit (Current ma	61412 ncipal office address) ailing address, if different) (P.O. Box NOT acceptable)	FEB #
	(Prince the Courrent management of Florida registered agent: (Sunshine Corporate Filing of Florida, In	61412 ncipal office address) ailing address, if different) (P.O. Box NOT acceptable)	
Name and street	(Prince the Courtent manager of Florida registered agent: (61412 ncipal office address) ailing address, if different) (P.O. Box NOT acceptable)	LESSELL SHASSELL
. Name and stree	(Prince the Courtent makes address of Florida registered agent: (Sunshine Corporate Filing of Florida, In 3458 Lukeshore Drive	61412 ncipal office address) ailing address, if different) (P.O. Box NOT acceptable) acc.	FEB 26 AM
Name and street	(Prince the Courrent management of Florida registered agent: (Sunshine Corporate Filing of Florida, In	61412 ncipal office address) ailing address, if different) (P.O. Box NOT acceptable) nc.	LESSELL SHASSELL

9. Registered agent's acceptance:

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 (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 Chairman: KARL JEFFREY MORRIS 1843 KNOX ROAD 100 Address: GALESBURG, IL 61401 Vice Chairman: Address: ___ Address: _ **B. OFFICERS** President: KARL JEFFREY MORRIS Address: 1843 KNOX ROAD 100 GALESBURG, IL 61401 Vice President: ___ Address: _ 1-2 Secretary: KARL JEFFREY MORRIS Address: 1843 KNOX ROAD 100, GALESBURG, IL Treasurer: KARL JEFFREY MORRIS Address: 1843 KNOX ROAD 100, GALESBURG, IL 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. ___ KARL JEFFREY MORRIS, PRESIDENT (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

ALEXIS FIRE EQUIPMENT CO., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 21, 1959, APPEARS TO HAVE COMPLIED WITH ADLE 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 FEBRUARY A.D. 2018.

Authentication #: 1805402392 verifiable until 02/23/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE