F18000001013

(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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COVER LETTER

TO:	Registration Division of							
SUBJ	ест: <u></u>	Sui	rebonder Name of corp	<u>CO</u>	must in	Colude suffix		
Dear S	ir or Madam:							
"Certif	icate of Exist	ence," -	by Foreign Corporator "Certificate of Gorporation to transac	ood Stan	ding'' and	i check are sul		
Please	return all cor 	respond	lence concerning thi	s matter	to the fo	llowing:		
, (<u>)</u>	inetro	nd	Pr CAM	ame of I	Person			
3	55 H	6110	W Hill K	rm/Com	d			
Ih	lauce	nd	a, 12 0	Addre <u>CC</u>	ss)E4 nd Zip co	a.		
4	nace	354	ULDON E-mail address: (to b	der.	CON	n	notifi	cation)
For fur	ther informat	ion con	cerning this matter,	please c	all:			
Ti	Name of Pe	<u>)//e</u> erson	££ at (£	947 rea Code	_) <u>4</u> 0	87.45 Daytime Telep	Hone	Number 14
	STREET/O Registration Division of Clifton Buil 2661 Execu Tallahassee	Sectio Corpor ding tive Ce	ntions nter Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section forpora 7	n ations
Enclos	ed is a check	for the	following amount:					
57 (\$70	0.00 Filing Fe	e 🗆	\$78.75 Filing Fee Certificate of Stat		\$78.75 Certifie	Filing Fee & d Copy		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMITTED TO
1 Wirehander com Tox	DOSINESS IN THE STATE OF FLORIDA.
(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
Surebonder.com Con	
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated)	<u>82.4037832</u>
(State of Country under the law of which it is incorporated)	(FEI number if applicable)
4. <u>01.15.2018</u> 5.	_ Peroetua i
(Date of incorporation)	(Date of duration, if other than perpetual)
6	_
(Date first transacted business in (SEE SECTIONS 607 1501 & 607 1	n Florida, if prior to registration)
1.355 Hollow HII Raad.	502, F.S., to determine penalty liability)
1. 300 TIVIOW TITT MUCL.	Mauconda, 12 Caco84 pal office address)
(rine)	all office address)
(Current mailin	ig address, if different)
(mann	
	∞
	8 0
8. Name and street address of Florida registered agent: (P.C.) Name: URS Agents, LLC	8 0
8. Name and street address of Florida registered agent: (P.C	D. Box NOT acceptable)
8. Name and street address of Florida registered agent: (P.O. Name: URS Agents, LLC Office Address: 3458 Lakeshire L	D. Box NOT acceptable)
8. Name and street address of Florida registered agent: (P.O. Name: URS Agents, LLC Office Address: 3458 Lakeshire L). Box NOT acceptable) Property of the state of the stat
8. Name and street address of Florida registered agent: (P.O. Name: LAS AGENTS, LLC Office Address: 3458 Lakeshire i Tallahassee, (City) 9. Registered agent's acceptance:	D. Box NOT acceptable) P. Florida 32312 (Zip code)
8. Name and street address of Florida registered agent: (P.O. Name: URS Agents, LLC Office Address: 3458 Lakeshore i Tallahassee, (City) 9. Registered agent's acceptance: Having been named as registered agent and to age the agent agent and to age the agent agent and the agent age	D. Box NOT acceptable) P. Florida 323/2 (Zip code)
8. Name and street address of Florida registered agent: (P.O. Name: URS AGENTS, LLC Office Address: 3458 Lakeshore L Tallahassee, (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service designated in this application, I hereby accept the appointm further agree to comply with the provisions of all statutes.	Box NOT acceptable) Florida 323/2 (Zip code) The of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity.
8. Name and street address of Florida registered agent: (P.O. Name: JAS AGENTS, LLC Office Address: 3458 Lakeshore L Tallahasee (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service designated in this application, I hereby accept the appointm further agree to comply with the provisions of all statutes reductes, and I am familiar with and accept the obligations of	Box NOT acceptable) Florida 323/2 (Zip code) The of process for the above stated corporation at the place ent as registered agent and agree to act in this capacity.
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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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	·
B. OFFICERS	4. E
President: Michael B Hamins	5.4.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.
	A A
Address: 23670 W- Chardon Boad	- Maso
Grayslake, 16 60030	9; 4 9
Vice President:	<i>></i>
Address:	
Secretary: Patrick J Kamins	
Address: 1913 Halifax Libertyville,	1L 60048
Treasurer: Patrick J Kamis	
Address: 1913 Halifax, LibertyVille	1L 60048
NOTE: If necessary, you may attach an addendym to the application listing add	litional officers and/or directors.
12 / _ ratifar.	
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 aboare true and that he or she is aware that false information submitted in a document	
a third degree felony as provided for in s.817.155, F.S.	
13. Patrick J Kamins Secretar	TI I INPASIINET

(Typed or printed name and capacity of person signing application)

File Number

7162-953-8



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

SUREBONDER.COM, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 15, 2018, 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 5TH day of FEBRUARY A.D. 2018 .

Authentication #: 1803602088 verifiable until 02/05/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

esse White