# F18000001163

| . (Requestor's Name)                    |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| (City/Clate/2/p) Hone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| ,                                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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| namuli8-17328                           |  |  |  |

Office Use Only



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## Cant 31,118 FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 21, 2018

MARY JO SYNDER 1893 INDIAN TRAIL KANKAKU, IL 60901

SUBJECT: MJS ADVANTAGE, INC.

Ref. Number: W18000017328

We have received your document for MJS ADVANTAGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application. MISnyclee, inc.

The document number of the name conflict is L15000117990.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 618A00003563

#### **COVER LETTER**

| TO: Registration Section Division of Corporation   | s                                       |   |  |  |
|--|---|---|--|--|
| SUBJECT: MJ  | ADVANTIGO                               | e Inc   |  |  |
| Jebuber  | Name of corporation                     | - must include suffix                         |  |  |
| Dear Sir or Madam:   |   |   |  |  |
| The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpor               | Certificate of Good Stan                | ding" and check are subn                      |  |  |
| Please return all correspondence   | concerning this matter                  | to the following:                             |  |  |
| MARLY  | Jo Snyo                                 | CC<br>Person                                  |  |  |
| , and the second se |   |   |  |  |
| MDS AT   | DVANTAGE FA                             | 10  |  |  |
| Firm/Company   |   |   |  |  |
| MIS ADVANTAGE FNC  Firm/Company  1893 FND; AN TRAIL  Address  KALLALU (L 60901  City/State and Zip code        |   |   |  |  |
| ,  | Addre                                   | ess   |  |  |
|  | Karlanten                               | (L 60901                                      |  |  |
|  | City/State ar                           | nd Zip code                                   |  |  |
| MISGNISOL  | vartage in cor                          | or future annual report no                    |  |  |
| E-ma   | il addresk: (to be used f               | or future annual report no                    | otification)   |  |
| For further information concern  | ing this matter, please o               | all:  |  |  |
| MARY Jo SIM DER at (815) 999-2536  Name of Person Area Code Daytime Telephone Number                           |   |   |  |  |
| Name of Person   | Area Code                               | e Daytime Teleph                              | one Number   |  |
|  |   |   |  |  |
| STREET/COURIER A   | ADDRESS:                                | MAILING AI                                    |  |  |
| Registration Section Division of Corporations  |   | Registration Section Division of Corporations |  |  |
| Clifton Building   | ·                                       |   | -  |  |
| 2661 Executive Center<br>Tallahassee, FL 32301   | Circle                                  | Tallahassee, FL 32314                         |  |  |
| Enclosed is a check for the follo  | owing amount:                           |   |  |  |
| ☐ \$70.00 Filing Fee \$77  | 8.75 Filing Fee &  crtificate of Status | \$78.75 Filing Fee &<br>Certified Copy        | □ \$87.50 Filing Fee,<br>Certificate of Status &<br>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. AOVAPTAGE, IAC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") MISTAGE. MISMOCK TWC. MISNY DCR, FAC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. 14.1NO1S

(State or country under the law of which it is incorporated)

4. April 14.2005

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 40901 TNDIAN TRAIL LANKALU
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MANY D Smyler 1800 Gulf Derre 1 # 111 Bretentin Burch, Florida 34217 (City) (Zip code) Name: Office Address: 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'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   |                                 |
|--|---------------------------------|
| Chairman: MAY & Snylex   |                                 |
| Address: 1893 FND, AN TRAIL  |                                 |
| Karketu 1 60801  |                                 |
| Vice Chairman:   |                                 |
| Address:   |                                 |
|  |                                 |
| Director:  | 15 18                           |
| Address:   | 1000                            |
|  | 86 6 M                          |
| Director:  | FR 2                            |
|  | 100 A                           |
| Address:   | F. 6                            |
| B. OFFICERS  | 4                               |
| President: MARY & Smylel   |                                 |
|  | 1 - 0 - 1                       |
| Address: 1993 FNOINN TRAIL KANKALLE IL   | <u>60401</u>                    |
| . ) / .  |                                 |
| Vice President: NA   |                                 |
| Address:   |                                 |
|  |                                 |
| Secretary: MARY To Smyder  |                                 |
| Address: 1893 FNDIAN TRAIL KAIKAKU 1   | L 60901                         |
| Treasurer: NA  | ····                            |
| Address:   |                                 |
| NOTE: If necessary, you may attach an addendum to the application listing additional of  | ficers and/or directors.        |
| 12   |                                 |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affire                         | ms that the facts stated herein |
| are true and that he or she is aware that false information submitted in a document to the Da third degree felony as provided for in s.817.155, F.S. |                                 |
| 13. MAY Do Saydar  |                                 |
| (Typed or printed name and capacity of person signing application  | n)                              |

#### File Number

6420-644-3



## 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

MJS ADVANTAGE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 14, 2005, 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 1ST day of JANUARY A.D. 2018 .

Authentication #: 1800100134 verifiable until 01/01/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE