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Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : API PROCESSING . Account Number : 120110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: _kathy@apiprocessing.com_



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March 19, 2018

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FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: BOYD ELECTRIC, INC. REF: W18000026005

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051. $-\frac{226}{226}$

Dionne M Scott Regulatory Specialist II

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FAX Aud. #: E18000085423 Letter Number: 218A00005431

TALLAHASSEE FINAN

P.O BOX 6327 - Tallahassec, Florida 32314

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APPLICA	TION BY FOREIGN CO B	RPORATION I USINESS IN FI	FOR AUTHORIZATIC LORIDA	ON TO TRANSACT
IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, J EIGN CORPORATION TO T	ELORIDA STATU TRANSACT BUSIN	TES, THE FOLLOWING I ESS IN THE STATE OF I	S SUBMITTED TO "LORIDA.
1		Boyd Electric, In	c.	
L. (Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCOI ap," "Inc," "Co," or "Corp.")	RPORATED," PCO	MEANY, "LITCORPORATIO	N,"
	ble in Florida, enter alternate co Illinois		26 2710446	
2	2			
2 3			Perpetual	ppneaoie)
I	uly IS, 1990	5.	Perpetua	
(Date	of incorporation)		(Date of duration, if othe	r than perpetual)
6 10053 South 76th	(Date first transac (SEE SECTIONS 607. Avenue, Bridgeview, IL 60458	1501 & 607.1502, F.	da, if prior to registration) S., to determine penalty liabi	lity)
		(Principal offi	ice address)	·····
10053 South 76th	Avenue, Bridgeview, IT. 6045		·	
		Current mailing add	ress, if different)	2018
8. Name and stree	<u>unddress</u> of Florida registere	d agent: (P.O. Bo	x <u>NOT</u> acceptable)	AHAR TAR
	API Processing - Licensing,		÷ 'ser'	SSS SS
Name: Office Address:	3419 Galt Ocean Drive, Suite	: A		
	Fort Landerdale		33308 , Florida	
	(City)		(Zip code)	

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9. Registered agent's acceptance:

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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 ugent 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.

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11. Names and business addresses of officers and/or direct	ctors:			
A. DIRECTORS				
Chairman:	~ · · · · · · · · · · · · · · · · · · ·			
Address:				
	<u></u>			
Vice Chairman:				
Address:				
Director:	· ·			
Address:				
	· · · ·			,
Director:				
Address:				
	· · · ·			
B. OFFICERS				
liames M. Boyd President:	1.	, , <u></u>		
Address: 60458				
			-~	<u> </u>
Vice President:			2018	· •••
Address:			HAR	<u>د</u> ۲
AUGLESS		SS	<u>سب</u> و	
Susan J. Boyd		ر جانبا بر جانبا	<u> </u>	<u> </u>
Secretary:	,,		ç	En an airei
Address:	·	DA CA		<u>.</u>
Treasurer:				
Address:	v	· <u> </u>		
NOTE: If necessary, you may attach an addendum to th	e application listing additio	nal officers and/or dir	ectors.	
Kimutan of	Director or Officer	- ·		
The officer or director signing this document (and who i are true and that he or she is aware that false information a third degree follow as provided for in s.817.155, F.S.	s listed in number 11 above a submitted in a document to) affirms that the facts 5 the Department of S	stated ate coi	herein nstitutes
۲ ()	M. Boyd, Pro-siclant		. .	
(Typed or printed name and cap	acity of person signing app		, ,	
		H1800008542	55	

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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

BOYD ELECTRIC, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 18, 1990, APPEARS 30 HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACTION ACTION THE 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 15TH day of MARCH A.D. 2018 .

Authentication ∉: 1807401346 verifinble until 03/16/2019 Authenticate at: http://www.cyberd.rveillinois.com

osse White

SECRETARY OF STATE + H18000085423 3