# F18000002974

(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:
Cert Octo 47
<i>,</i> .





500314168245

06/08/18--01019--02: \*\*78.75



B FIGUEROA JUN 26 2018



Division of Corporations

RECEIVED
2018 JUN 22 MM 10: 51

June 12, 2018

WOLF IKLOV 3520 COMMERCIAL AVE NORTHBROOK, IL 60062

SUBJECT: GAMMA TEAM SECURITY, INC

Ref. Number: W18000054783

We have received your document for GAMMA TEAM SECURITY, 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):

A certificate of existence or a certificate of good standing, 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 not acceptable.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 018A00012232

Division of Compositions D.O. DOV 6297 Tollahassas Florida 2021

### **COVER LETTER**

TO: Registration Se				
Division of Co				
SUBJECT: Gamma T			I. J 67°	<del></del>
	Name of corporation	on - must inc	iude sumx	
Dear Sir or Madam:				
"Certificate of Existence	tion by Foreign Corporation for ee," or "Certificate of Good St gn corporation to transact busing	anding" and	check are subr	
Please return all corresp	pondence concerning this matt	er to the foll	owing:	
	Wolf	klov		
	Name o	f Person		_
	Gamma Tea	m Security, I	ne	
	Firm/Co	mpany		
	3520 Com	mercial Ave		
	Ado	ress		_
	Northbroo	sk, IL 60062		
	City/State	and Zip cod	e	
	info@gamm	ateamcorp.co	m	
	E-mail address: (to be used	i for future a	nnual report n	otification)
For further information	concerning this matter, please	call:		
Wolf Iklov	at ( 847	<u>ի</u> 404-690	55	
Name of Perso		ode D	aytime Teleph	one Number
STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations ig c Center Circle	] [	MAILING AI Registration Sc Division of Co P.O. Box 6327 Fallahassee, FI	ection rporations
Enclosed is a check for	the following amount:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ S78.75 F Certified		□ \$87.50 Filing Fee, Certificate of Status & 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.

Gamma Team S	ecurity. Inc			
	orporation: must include "INCORPOR	RATED," "COM	PANY," "CORPORATION.	•
"lnc.," "Co.," "C	forp," "Inc," "Co," or "Corp.")			
				h 1
(If name unavail	able in Florida, enter alternate corporat	te name adopted	for the purpose of transacting	business in Fiorida)
IL, USA		3	47-1581726	
(State or countr	y under the law of which it is incorpora	ated)	(FEI number, if app	licable)
08/14/2014		5. perpetu	al	
	of incorporation)		(Date of duration, if other t	han perpetual)
NI/A				
<u>N/A</u>	(Date first transacted bu	usiness in Florida	, if prior to registration)	
	(SEE SECTIONS 607.1501 a			y)
1500 Cammaraia	l Ave, Northbrook, IL 60062			
5520 Commercia	TAVE, INOTHIDIOOK, 11. 00002	(Principal office	address)	<del> </del>
		(		
same		nt mailing addre	:C 1:00	<del>.</del>
	(Сште	in mannig addic	ss. II different)	
Name and stree	et address of Florida registered age	nt: (P.O. Box	NOT acceptable)	
Name:	Svetlana Lapan			<u> </u>
		· <del></del>		<u> </u>
fice Address:	12 Seacrest Parkway	<del></del>		JUH AHA
	Hollywood		Florida 33019	<b>2</b> 2
	(City)	,	(Zip code)	
	Corry		(	<b>-</b> ·
Registered ag	ent's acceptance:			G
iving been nam	ed as registered agent and to acce	ept service of p	rocess for the above stated	l corporation at the p
signated in this	application, I hereby accept the a	ippointment as	registered agent and agre	ee to act in this capa:
	omply with the provisions of all st familiar with and accept the obligi			
nes, unu i um j	ummar ran ana accept me oongt	anone oj mj. pr	Comment of the contract of the	•
	_	/		
	.5	· / MAN	en	
_	/D	gistered agent's	eiunature)	<u> </u>
	(Re	gisieren agent 8 :	orginature)	

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: Galina Iklov			
Address: 3520 Commercial Ave. Northbrook, IL 60062			
Vice Chairman: Wolf Iklov			
Address: 3520 Commercial Ave. Northbrook, 1L 60062		<del></del>	
Director: Michael Fullman			_
Address: 3520 Commercial Ave. Northbrook, IL 60062			
Director:			
Address:			
3. OFFICERS			
resident: Galina Iklov			
Address: 3520 Commercial Ave, Northbrook, IL 60062			
Fice President: Wolf Iklov	<u> </u>	2018	
Address: 3520 Commercial Ave, Northbrook, IL 60062	から エピ の の の の の	JUN 22	ļ
ecretary: Wolf Iklov		AH 8:	<u> </u>
Address: 3520 Commercial Ave. Northbrook, IL 60062	型 <u>产</u> == 二:	·· - <del>않</del>	
reasurer: Galina Iklov			
Address: 3520 Commercial Ave, Northbrook, IL 60062			
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or direc	ctors.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirm true and that he or she is aware that false information submitted in a document to the I third degree felony as provided for in s.817.155. F.S.  3.	Department of Sta		

#### File Number

6976-738-9



## 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

GAMMA TEAM SECURITY INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 08, 2014, 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 18TH day of JUNE A.D. 2018.

Authentication #: 1816903222 verifiable until 06/18/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE