## H1800003029

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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#### **COVER LETTER**

TO:	Registration Division of	n Section Corporations				
SUBJ	ECT:	GED-BIR, INC.				
		Nan	ie of corporat	ion - mu	st include suffix	
Dear S	ir or Madam	:				
"Certif	ficate of Exis		ate of Good S	tanding	and check are sub	ct Business in Florida." omitted to register the
Please	return all coi	rrespondence conce	erning this ma	iter to th	ne following:	
	Birute Jo	dwalis				
	-		Name	of Perso	on	
	GED-BIR,	INC.				
			Firm/C	ompany		
	48 Long (	Cove Drive				
			Ad	ldress		
	Lemont, I	L 60439				
			City/Stat	e and Zi	p code	
dee.	willowbrookball	lroom@gmail.com				
- "		E-mail addr	ess: (to be use	ed for fu	ture annual reports	notification)
For fu	ther informa	tion concerning this	s matter, pleas	se call:		
Biru	Birute Jodwalis at ( 708 ) 839-1000					
	Name of P	erson	Area C	Code	Daytime Telep	hone Number
	Registration Division of Clifton Bui 2661 Execu	Corporations	ESS:		MAILING A Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7
Enclos	ed is a check	for the following a	imount:			
<b>□</b> \$70	).00 Filing Fe		ling Fee & te of Status		3.75 Filing Fee & rtified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy

# FILED

### 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.

I. GED-BIR, IN	C.			
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," "( orp," "Inc," "Co," or "Corp,")	COMPANY." "CORPORATION,"		
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	ousiness in Florida)	
2. Illinois	3	36-419:104		
(State or country	under the law of which it is incorporated)	(FEI number, if appli	cable)	
4. 11/05/1997	Š			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6. 06/02/2018				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability	)	
7 48 Long Cove D	Prive, Lemont, IL 60439			
	(Principal o	office address)		
	(Current mailing a	ddress, if different)	···	
8. Name and stree	<u>tt address</u> of Florida registered agent: (P.O. f	Box NOT acceptable)	72 2	
Name:	Marco Escapes, Inc.			
		<del>_</del>	AHA 2	
Office Address:	599 So Collier Blvd., Suite i 15	<del></del>	25 ASSE	
	Marco Island	Florida <u>3414</u> 5	To A	
	(City)	(Zip code)	AM II: 4	
9. Registered age	ent's acceptance:		음스 <b>:</b>	
Having been nam	ed as registered agent and to accept service	of process for the above stated i	cornoration at the place	
ucoignuieu in inis	application, I nereby accept the appointmen	if av registered agent and agree	to got in this assuring 1	
juriner agree io ei	omply with the provisions of all statutes rela amiliar with and accept the obligations of n	tive to the proper and complete	performance of my	
	2	y position as registered agent.		
	) · ·			
<u> </u>	(Registered age	nt'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.

A. DIRECTORS Chairman: \_\_\_ Vice Chairman: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_\_ **B. OFFICERS** President: Gediminas Jodwalis Address: 48 Long Cove Drive, Lemont, IL 60439 Secretary: Birute Jodwalis Address: 48 Long Cove Drive, Lemont, IL 60439 Treasurer: \_\_\_\_\_\_\_ \_\_\_\_\_ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Birute Todwal) 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.

11. Names and business addresses of officers and/or directors:

Birute Jodwalis, Secretary



### 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

GED-BIR, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 05, 1997, 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 13TH day of JUNE A.D. 2018.

Authentication #: 1816402312 verifiable until 06/13/2019

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECHETARY OF STATE