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FOREIGN PROFIT/NONPROFIT CORPORATION

Pinkston-Tadd, Inc.

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Help

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 RUSINESS IN THE STATE OF FLORIDA.

(Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Industrial Dr. DeKalb, IL 60115 (Principal office address) (Current mailing address, if different) In and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Plantation Plantation Plantation (City) (City)	ame unavail	shie in Florida, enter alternate comporte n	ame adopted for the number of transacting hydrogen	in Florida)
(FEI number, if applicable) (Pate of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Current mailing address, if different) (Current mailing address, if diffe	!_	·	44 374.044	in i torida)
(Date of incorporation) (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) Industrial Dr. DeKalb, IL 60115 (Principal office address) (Current mailing address, if different) The and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road Plantation Florida 33324	ite or count	ry under the law of which it is incomporated	3. (FFI number if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) industrial Dr. DeKalb, IL 60115 (Principal office address) (Current mailing address, if different) ine and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pinc Island Road Plantation Plantation Florida (City) (City) istered agent's acceptance: been named us registered agent and to accept service of process for the above stated corporation after this application, I hereby accept the appointment as registered agent and agree to act in this		•	•	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) industrial Dr. DeKalb, IL 60115 (Principal office address) (Current mailing address, if different) is and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pinc Island Road Plantation Plantation Florida (City)	(Date	of incorporation)	5. (Date of duration, if other than perpet	luai)
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(Current mailing address, if different)	rdustrial Dr			
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Address: 1200 South Pinc Island Road	a and atree	·		SCRETT.
Address: Plantation	e and stre	et address of Florida registered agent:		SECRETARY.
(City) (Zip code) istered agent's acceptance: been named us registered agent and to accept service of process for the above stated corporation a ted in this application, I hereby accept the appointment as registered agent and agree to act in this		et address of Florida registered agent:		SECRETARY OF
(City) (Zip code) istered agent's acceptance: been named as registered agent and to accept service of process for the above stated corporation a ted in this application, I hereby accept the appointment as registered agent and agree to act in this	Name:	et address of Florida registered agent: CT Corporation System		SECRETARY OF STA
stered agent's acceptance: been named as registered agent and to accept service of process for the above stated corporation a ted in this application, I hereby accept the appointment as registered agent and agree to act in this	Name:	C T Corporation System 1200 South Pinc Island Road	(P.O. Box NOT acceptable)	SECRETARY OF STATE
been named us registered agent and to accept service of process for the above stated corporation a ted in this application, I hereby accept the appointment as registered agent and agree to act in this	Name:	et address of Florida registered agent: C T Corporation System 1200 South Pinc Island Road Plantation	(P.O. Box NOT acceptable) , Florida 33324	SECRETARY OF STATE
ted in this application, I hereby accept the appointment as registered agent and agree to act in this	Name: Address:	et address of Florida registered agent: CT Corporation System 1200 South Pine Island Road Plantation (City)	(P.O. Box NOT acceptable) , Florida 33324	SECRETARY OF STATE
agree to comply with the provisions of all statutes relative to the proper and complete performance	Name: Address: stered agi	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance:	(P.O. Box NOT acceptable) , Florida 33324 (Zip code)	SECRETARY OF STATE
	Name: Address: stered agibeen nameted in this	CT Corporation System 1200 South Pinc Island Road Plantation (City) ent's acceptance: and us registered agent and to accept so application, I hereby accept the appo	(P.O. Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above stated corporate intment as registered agent and agree to act in	this capac
and I am familiar with and accept the obligations of my position as registered agent.	Name: Address: stered agi been nam ted in this agree to c	CT Corporation System 1200 South Pinc Island Road Plantation (City) ent's acceptance: sed as registered agent and to accept so application, I hereby accept the appoomply with the provisions of all statut	(P.O. Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above stated corporate intment as registered agent and agree to act in es relative to the proper and complete perform	this capac
Stan Mueller	Name: ddress: tered ago been nam ed in this gree to c	CT Corporation System 1200 South Pinc Island Road Plantation (City) ent's acceptance: sed as registered agent and to accept so application, I hereby accept the appoomply with the provisions of all statut	(P.O. Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above stated corporate intment as registered agent and agree to act in es relative to the proper and complete perform s of my position as registered agent. m System	this cap

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.

PLD19 - MS2015 Wirthers Killserr Onlige

11. Nam	es and business addresses of officers and/or directors:
A. DIRI	ECTORS
Chairman	Gary Tadd
Address:	407 Industrial Dr.
_	DeKalb, IL 60115
Vice Chair	rroan:
Address:	
_	·
Director:	
Director:	
11441655,	
B. OFFI	CTPs CTPs
	Gary Todd
President:	407 Industrial Dr.
-	DcKalb, IL 60115
Vice Presid	dent:
Audress.	
Secretary:	Tummy Tadd
•	407 Industrial Dr. DcKalb, IL 60115
Treasurer:	Tammy Tadd
Address:	407 Industrial Dr. DcKalb, 11, 60115
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	A Jol
	Signature of Director or Officer
arc true an	or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
	Tadd: President
	(Typed or printed name and capacity of person signing application)

File Number

5624-086-1



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

PINKSTON-TADD, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 09, 1991, 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 16TH day of JULY A.D.2018

Authentication #: 1819701838 verifiable until 07/16/2019 Authenticate at; http://www.cyberdriveillinois.com

SECRETARY OF STATE