

(Reques	stor's Name)	
(Addres:	s)	
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(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
unong form, pen	attyW18-44256	
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SECRETARY OF STATE



June 5, 2018

RONALD PLANTZ 9830 W 190TH ST MOKENA, IL 60448

Ref. Number: W18000044256

We have received your document for and your check(s) totaling \$798.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 018A00011690

## 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.

REGISTERATOR	MOIT OVAL TITLE	
1 Authorized Acqu	uisitions COCP	
(Enter name of co	omoratión: must include "INCORPORATED," COM 71119,	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	
t at selend Appr	uisitions 📾 CDPO	
Authorized Acqu	uisitions (CDA)  Able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
(11 name anavana		
2 Illinois	3. 27-2304225  (FEI number, if applicable)	
(State or country	y under the law of which it is incorporated)	
	of incorporation)  5. (Date of duration, if other than perpetual)	
4. January 1, 2016	of incorporation)  5. (Date of duration, if other than perpetual)	
, (Date	of meorpotation,	
6. January 1, 2017	(Date first transacted business in Florida, if prior to registration)	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1301 & 607.1302, 13.3, to determine)	
- 0020 W 100th St	Suite I, Mokena, Illinois 60448	
7.9830 W. 19001 St	(Principal Office audicss)	
	(Current mailing address, if different)	
	(Current manning warmen)	
	(D.O. Day, MOT agreentable)	
8 Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)	
<u></u>		
Name:	Yussef Gouveia	
	2000 NW 133rd Ave Unit 2	
Office Address:	2000 NW 1331d AVE OILL 2	
	Miami , Florida 33182	
	(City) (Zip code)	
9. Registered ago	ent's acceptance:	
Having been nam	ned as registered agent and to accept service of process for the and agree to act in this canacity.	
designated in this	application, I hereby acceptine appointment as registered by and complete performance of my	
further agree to c	familiar with and accept the obligations of my position as registered agent.	
duties, and I am f	amiliar with and acceptant with a second acceptant with a	
	/ ///- / / /	
1 /1. 11 1 / WW//AM/111/A		
	JALLH MAVIM XX MAM V	
_	(Registered agent's signature)	
	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application	
10. Attached is a	certificate of existence duly/authenticated, not more than 90 days prior to derivery of state or other official having custody of corporate records in the jurisdiction of State or other official having custody of corporate records in the jurisdiction of the property of State or other official having custody of corporate records in the jurisdiction of the property of State or other official having custody of corporate records in the jurisdiction of the property of State or other official having custody of corporate records in the jurisdiction of the property of State or other official having custody of corporate records in the jurisdiction of the property of State or other official having custody of corporate records in the jurisdiction of the property of t	
the Department of	I State, by the Scorporated	

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Address:	
Vice Chairman:	
Address:	
Address.	
Director:	
Address:	
Address.	
Director:	<u> </u>
Address:	温 1 - 1 -
	SSA 西馬
B. OFFICERS	平 2 0_
President: Ronald Plantz	2: -
Address: 9830 W. 190th St. Suite I	
Mokena, IL. 60448  Vice President:	
Address:	
Secretary:	
Address:	
Address: additional officers a	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	ind/or directors.
The officer or director signing this document (and who is listed in number 11 above) affirms that The officer or director signing this document (and who is listed in number 11 above) affirms that the property of the Department o	the facts stated herein
The officer or director signing this document (and who is listed in number 11 above) aftirms that are true and that he or she is aware that false information submitted in a document to the Departs are true and that he or she is aware that false information submitted in a document to the Departs	ment of State constitutes
1 · 1 James Folony of Draylacu for in Significant	
13. Ronald Plantz  (Typed or printed name and capacity of person signing application)	



## 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

AUTHORIZED ACQUISITIONS, CORP.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 28, 2018, 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 6TH

day of JULY A.D. 2018

Authentication #: 1818701948 verifiable until 07/06/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE