

F1800003342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

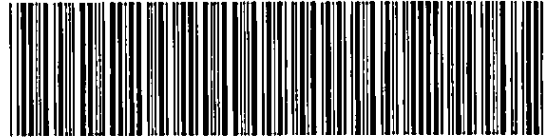
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUL 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP CINEMAS, INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CARL W. MESSENER
Name of Person
VIP CINEMAS, INC
Firm/Company
POB 378 PHYSICAL
< 883 DIVISION ST >
Address
CHARLESTON, IL 61920
City/State and Zip code
CWM1941@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL MESSENER at (217) 549-8814
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$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.

1. VIP CINEMAS, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- dba Mail Cinemas
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ILLINOIS 3. 46-4036737
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. ILLINOIS 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Expected Around 8-1-2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 883 DIVISION ST CHARLESTON, IL 61920
(Principal office address)
- PO Box 378 Charleston, IL 61920
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

MARK W. McSPRUE

Office Address:

8601 SURF DRIVE 7E

PANAMA CITY BEACH

(City)

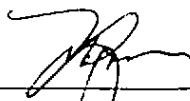
Florida

32409

(Zip code)

9. Registered agent's acceptance:

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 agent 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 directors:

A. DIRECTORS

Chairman: CARL W. McSPARIN

Address: 3101 Oakwood DR
Charleston IL 61920

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CARL W. McSPARIN

Address: 3101 OAKWOOD
Charleston IL 61920

Vice President: JACOB McSPARIN

Address: P.O. 5483
Monton IL 61550

Secretary: MARK McSPARIN

Address: 8601 SUNE DR 7E PL. Beach Florida

Treasurer: CARL McSPARIN

Address: P.O. 16014

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. N/A

Signature of Director or Officer

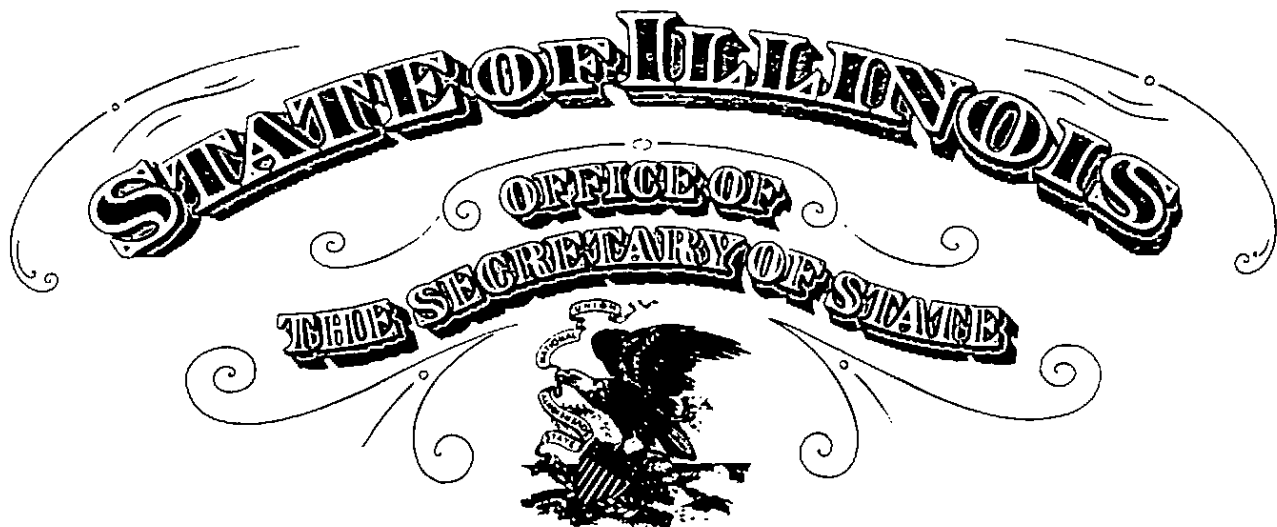
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. [Signature] CARL W. McSPARIN

(Typed or printed name and capacity of person signing application)

File Number

6928-958-4



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

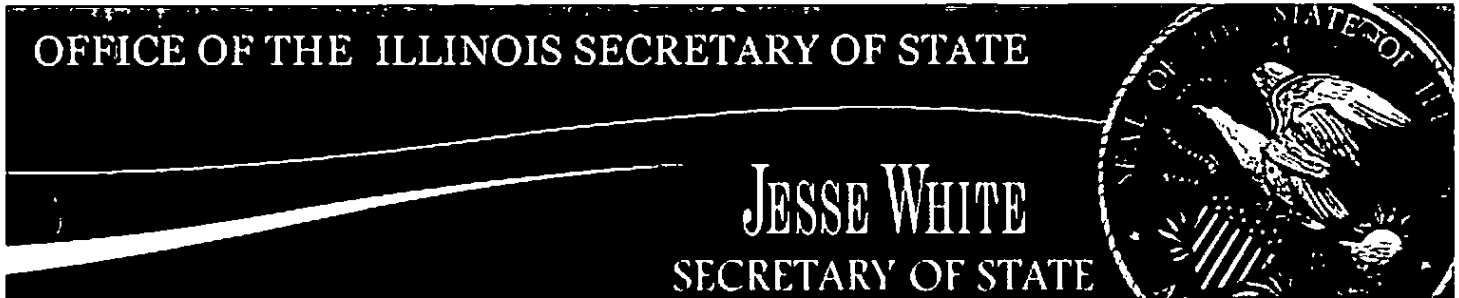
VIP CINEMAS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 07, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC 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 .

Jesse White

SECRETARY OF STATE




CORP/LLC - CERTIFICATE OF GOOD STANDING

Thank You For Using The Certificate of Good Standing System!

Your Certificate of Good Standing has been processed. If you have any questions concerning your purchase, please contact us through the [Business Services Contact Form](#).

Please print this receipt for your records.

Purchase Date:	2018-07-06 12:37 PM
Authentication Number:	1818701536
Confirmation Number:	00610R
Transaction Fee:	\$25.00
Payment Processor Fee:	\$1.00
Total Fee:	\$26.00
Payment Method:	CREDIT CARD
Printable Document:	Print Certificate 

(The printable version is viewable with [Adobe® Reader®](#) version 7.0 and above)

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