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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941) 625-1526

**Enter the email address for this business entity to be used to ** annual report mailings. Enter only one email address plo

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FOREIGN PROFIT/NONPROFIT CORPORATIO

Schmitt Properties, Inc.

Certificate of Status	0
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1.

Corporate Filing Menu

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O SIMMONS

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.

	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
Schmitt Properti	ies of Florida, Inc	
(It name unavaila	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)
Illinois 2.	7	36-3459529
(State of country August 5, 1986	y under the law of which it is incorporated) 5	(FEI number, if applicable)
	of incorporation)	(Date of duration, if other than perpendiat)
7. 422 Valley View,	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,150) Lake Barrington, IL 60010 (Principal	
	(Current mailing	address, if different)
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	TaxSavers	
Office Address:	1300 Enterprise Dr Ste A	
	Port Charlotte	33953 , Florida
	(City)	(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.



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:

DIRECTORS Single Outside to Schmitte
Simone Osterhues-Schmitt
422 Valley View dress:
Lake Barrington, IL 60010
Greg Schmitt
422 Valley View dress:
Lake Barrington, IL 60010
rector:
dress:
_
rector: Fig. L. T.
dress:
OFFICERS E 6
Simone Osterhues-Schmitt
422 Valley View dress:
Lake Barrington, IL 60010
Greg Schmiu
422 Valley View Idress:
Lake Barrington, IL 60010
Simone Osterhues-Schmitt
422 Valley View, Lake Barrington, II, 60010
Simone Osterbues-Schunitt
easurer:
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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 it rule and that he or she is aware that false information submitted in a document to the Department of State constitutes hird degree felony as provided for in s.817.155, F.S.
Greg Schmitt, Vice President
(Typed or printed name and capacity of person signing application)

File Number

5433-807-4



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

SCHMITT PROPERTIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 05, 1986, 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 19TH day of JULY A.D. 2018.

Authentication #: 1820000654 venfiable until 07/19/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE