F18000003609

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.1
(Document Number)
(Execument Namber)
0.45.40.40.40.40.40.40.40.40.40.40.40.40.40.
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Marie W18.67002 U18.53795 Office Use Only
U8 · 53795 Office Use Only



000315730090

07/16/18--01018--025 **87.50



O SIMMONS AUG 0 7 2018



July 23, 2018

STEVEN SCHMIDT 5610 W 88TH PL OAK LAWN, IL 60453

SUBJECT: SH&Z CORP.

Ref. Number: W18000067003

We have received your document for SH&Z CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Octavia L Simmons Regulatory Specialist III

3

Letter Number: 618A00015111

COVER LETTER

то:	Registration Secti Division of Corpo	rations			
SURI	ECT:	5H.	+ Z	Corf.	
0000		Name of corporati	on - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence.	n by Foreign Corporation f or "Certificate of Good S corporation to transact bus	tanding``	and check are sub	
Please	return all correspon	ndence concerning this mat	iter to the	following:	
		Stover	50	haidt	
		Name	of Person	hmidt	
		$<\mu_{+}$	60	c0.	
		Firm/Co	ompany	rρ,	
		56/0 N	dress	<u> </u>	
		Oak Lawn City/State	e and Zip	code	
		STANAC-	74 A (
		Steves T E-mail address: (to be use	d for futi	ire annual report r	otification)
For fu	rther information co	oncerning this matter, pleas	e call:		
<	Ctour Scha	dr 31 815	- \	474-0706	
	Name of Person	at (<u>813</u> Area C	ode	Daytime Telepl	none Number
	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection prporations
Enclos	sed is a check for the	e following amount:			
☐ \$70	0.00 Filing Fec (□ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied 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.	SH+Z Corp. (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION,"
	"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
า	(State or country under the law of which it is incorporated) EIN = 46-3-60754 (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated)
	(State or country under the law of which it is incorporated) (Fig. number, if applicable)
.1	AUE 30, 2013 (Date of incorporation) 5. (Date of duration, if other than perpetual)
٦.	(Date of incorporation) (Date of duration, if other than perpetual)
6	
0.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
_	- iii -
/. <u>.</u>	(Principal office address)
	(Current mailing address, if different)
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: Steve Schmidt
Of	ffice Address: 86028 Cieekwood fR.
	(City) . Florida 34097 (Zip code)
Ha de fu	Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plac signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.

Atu Ahull
(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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS President: Steven Schmidt (SOLE)
President: Steven Schmidt (SOLE) Address: 5610 W 88+4 / OAK LAWY /IL 60453
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum/to the application listing additional officers and/or directors. 12
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. Steven Schmidt President
(Typed or printed name and capacity of person signing application)

File Number

6918-827-3



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

SH&Z CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 30, 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 5TH day of JULY A.D. 2018.

Authentication #: 1818601894 verifiable until 07/05/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE