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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations			
RE Marketing Consultants, SUBJECT:	Inc.		
	f corporation -	must include suffix	· - · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Stand	ing" and check are sub	
Please return all correspondence concerning Suzanne Hamilton	ng this matter t	o the following:	
	Name of Po	erson	
RE Marketing Consultants, Inc.			
18316 Distinctive Drive	Firm/Comp	any	
Orland Park IL 60467	Addres	S	
suzanne@rehomessource.com	City/State and	l Zip code	
E-mail address:	(to be used fo	r future annual report n	otification)
For further information concerning this ma	atter, please ca	11:	
Suzanne Hamilton	888	788-9544	
Name of Person	Area Code	Daytime Telepl	none Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations
Enclosed is a check for the following amou	ant:		
■ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 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.

"Ina " "Co " "Coi	poration; must include "INCORPORATED," "(p," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,	
ine., Co., Co.	p, me, oo, or over,		
			: 171 - mida\
If name unavailab	ole in Florida, enter alternate corporate name ado	opted for the purpose of transacting bus	siness in Piorida)
Illinois	21	7-2361193	
	3	(mm 1 10 mm)	L1a\
(State or country	under the law of which it is incorporated)	(FEI number, if applica	bie)
04-16-2010	_		
	of incorporation) 5	(D-w of duration if other than	nemetual)
(Date	of incorporation)	(Date of duration, if other than	perperanty
none			
	(Date first transacted business in F	loride if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502	2 F S to determine penalty liability)	•
LAGAGES III. No.	(SEE SECTIONS 607.1301 & 607.1302	2, 1.0., to determine posters	2018 AUG SECRET TALLAHI
	e Drive Orland Park IL 60467		- m - 60
	(Principal	office address)	28 E
	(**************************************	·	55
			
	(Current mailing	address, if different)	ETO P
			-n
		= Nom (No.)	M 9: 1
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	至后二
	Suzanne Hamilton		•••
Name:			
Name.	10654 Prato Drive		
Name.	10004 Flato Drive		
	10654 Flato Dive		
	Ft Myers	33913	
ffice Address:	Ft Myers	33913 , Florida (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.

A. DIRECTORS Suzanne Hamilton Chairman: 10654 Prato Drive Ft. Myers FL 33913 Address: ___ Vice Chairman: Address: ______ Address: _____ Director: Address: **B. OFFICERS** Suzanne Hamilton President: 10654 Prato Drive Ft. Myers FL 33913 Address: _ Vice President; Suzanne Hamilton Secretary: 10654 Prato Drive Ft. Myers FL 33913 Address: __ Treasurer: Address: _____ NOTE: 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 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. (Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:



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

RE MARKETING CONSULTANTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 16, 2010, 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 1ST day of AUGUST A.D. 2018.

Authentication #: 1821301548 verifiable until 08/01/2019

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE