F1800003737

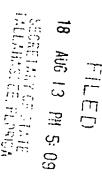
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer;					
Name W18-68825					

Office Use Only



500315865845

07/23/18--01018--003 **70.00





July 28, 2018

RICHARD LASTOVKA 1202 N 75TH ST, #275 DOWNERS GRAVE, IL 60516

SUBJECT: USA, INC.

Ref. Number: W18000068825

We have received your document for USA, INC. and your check(s) totaling \$70.00. 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.

The document number of the name conflict is M19562.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 118A00015544

COVER LETTER

TO:	Registration Sect Division of Corp				
or n	USA, INC.				
SUBJ	ECT:	Name of cor	ooration -	must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existence.		ood Stand	ling" and check are sub	ct Business in Florida." omitted to register the
	return all correspo d Lastovka	ndence concerning thi	s matter	to the following:	
		N	aine of P	erson	
USA, I	nc.				
1202N	75th St #275	Fi	rm/Comp	any	
Downe	rs Grave II. 60516		Addres	S	
rlast@	I-usa-inc.us	City	/State an	d Zip code	
	·····	E-mail address: (to b	e used fo	r future annual report i	notification)
For fur	ther information c	oncerning this matter,	please ca	J1:	
Richard Lastovka			30	541-1872	
	Name of Person	ar (A	rea Code	Daytime Telep	hone 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	
Enclos	ed is a check for the	ne following amount:			
₽ \$ 70	0.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Stat		\$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.

USA, Inc. 1 (Enter name of co	orporation; must include "INCORPORATED." "	COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	orp," "Inc." "Co." or "Corp.") THE WATER PARK	CONSULTANTS	5 . INC.	
(If name unavails	ible in Florida, enter alternate corporate name add			
Delaware 2.	3	0566689		
	y under the law of which it is incorporated)	(FEI number, if applicable)	•	
	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502		2000 E T	
1202N 75th St #2	75 Downers Grave IL 60516		記ること	
	(Principal	office address)	3 P	
	(Current mailing	address, if different)	ELECTRONIA DESCRIPTION PM 2: 09	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Winthrop Knox	<u> </u>		
Office Address:	1234 First Street	_		
	Sarasota	34236. 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.

(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 Address: Vice Chairman: Address: ___ Director: Address: Director: **B. OFFICERS** Richard Lastovka President: Address: 7/41 DEXTER RD. DOWNERS GROVE, 11. 605/6 Vice President: Address: ______ Secretary: __ Address: ___ Treasurer: _____ Address: ____ NOTE: If necessary, you may added 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.

13. RICHARD LASTOVKA - PRESIDENT

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "USA, INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USA, INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203038436

Date: 07-10-18

4705836 8300 SR# 20185592482