# F18000003803

(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:						
cert W18-49413						

Office Use Only



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05/21/18--01925--014 \*\*70.00





June 14, 2018

TINA WINKLE 7080 HIGHLAND DR MORRIS, IL 60450

SUBJECT: S.W.O., INC.

Ref. Number: W18000049413

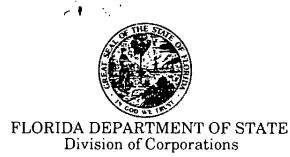
We have received your document for S.W.O., INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 118A00012461



May 23, 2018

TINA WINKLE 70820 HIGHLAND DR MORRIS, IL 60450

SUBJECT: S.W.O., INC.

Ref. Number: W18000049413

We have received your document for S.W.O., 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):

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 918A00010810

Q<sub>2</sub>

RECFIVED
MIBJUNIT PHIZ: 33

## **COVER LETTER**

TO:	Registration Se Division of Cor						
CHDI	S.W.O., I						
อดเก	ECT:		of corporation	ı - must	include suffix		
Dear S	Sir or Madam:						
"Certi	ficate of Existenc		of Good Sta	nding" a	and check are suf	nct Business in Florida," committed to register the	
	return all corresp WINKLE	ondence concern	ing this matte	r to the	following:		
	<del> </del>		Name of	Person		<del></del>	
S.W.C	INC.						
			Firm/Cor	npany	···		
7080 I	HIGHLAND DRIV	E					
			Addr	ess			
MORI	RIS. IL 60450						
	1818 881		City/State a	ınd Zip	code		
twinkl	e7@comcast.net						
		E-mail address	s: (to be used	for futu	re annual report	notification)	
For fu	rther information	concerning this n	natter, please	call:			
TINA WINKLE		708 at (	935-6108				
	Name of Perso	n	Area Coo	ie	Daytime Telep	shone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	0.00 Filing Fee	S78,75 Filin Certificate of	g Fee & - [		25 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. (Enter name of co	S.W.O., INC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
"Inc.," "Co.," "C	orp," "Ine," "Co," or "Corp.")						
SOUTHWEST (	OIL, INC.						
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting b	usiness in Florida)				
ILLINOIS 2.	36	6-3122600					
	y under the law of which it is incorporated)	(FEI number, if applicable)					
4	5						
(Date	of incorporation)	(Date of duration, if other tha	in pe <del>rp</del> etual)				
6.							
7080 HIGHLANI 7.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 D DRIVE, MORRIS, IL 60450	lorida, if prior to registration) !. F.S., to determine penalty liability)	18     SECH   DULL				
	15 13 E						
	(Current mailing a	address, if different)	PH 4				
8. Name and stree	<u>et address</u> of Florida registered agent: (P.O.)	Box <u>NQT</u> acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Name:	TINA WINKLE		· 0				
Office Address:	1000 S. POINTE DRIVE #705						
	MIAMI BEACH	. 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 Chairman: Vice Chairman: Address: \_ \_\_ \_ \_ \_ \_ \_ \_ \_ Director: Address: B. OFFICERS RONALD A. WINKLE President: 7080 HIGHLAND DRIVE, MORRIS, IL 60450 Address: Vice President: TINA WINKLE 7080 HIGHLAND DRIVE, MORRIS, IL 60450 Treasurer: 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)

### File Number

5236-568-6



# 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

S.W.O., INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 21, 1981, 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 7TH day of AUGUST A.D. 2018.

Authentication #, 1821900446 ventiable until 08/07/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE