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Office Use Only



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SECRETARIA ET ORIO ALLAMASSEE ELORIO

18 SEP 20 PM 1:

K. SALY SEP 21 2018 CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195		
REFERENCE :	397793 8130616		
AUTHORIZATION :	Crossell Bloson		
COST LIMIT :	\$ 70.00		
ORDER DATE : September 19, 2018			
ORDER TIME : 11:34 AM			
ORDER NO. : 397793-005			
CUSTOMER NO: 8130616			
FOREIGN FILINGS			
NAME: NELSON ARCHITECT, LTD.			
XXXX QUALIFICATION (TYPE: PC)			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

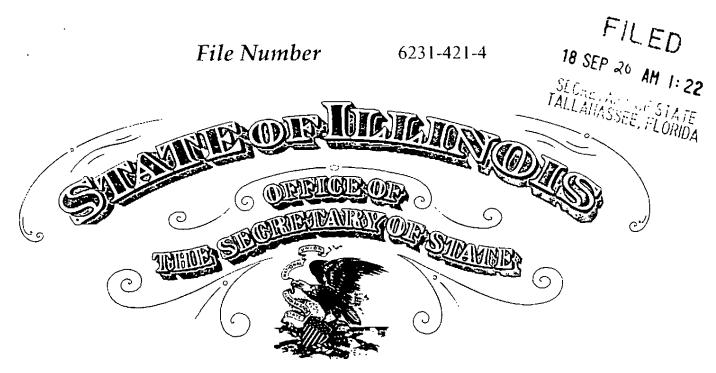
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

_	t, Ltd., Corporation  orporation; must include "INCORPORATED,"	"COMPANY." "CORPORATION."
	orp." "Inc," "Co," or "Corp.")	
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)
IL 		5-0523580
(State or country 07/16/2002	y under the law of which it is incorporated)	(FEI number, if applicable)
	of incorporation)	(Date of duration, if other than perpetual)
Upon filing		
6601 S. Central A	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150, vc. Bedford Park, IL 60638	lorida, if prior to registration)  2. F.S., to determine penalty liability)
	(Principal	l office address)
. Name and stree	(Current mailing  tt address of Florida registered agent: (P.O.  Corporation Service Company	address, if different)  Box NOT acceptable)
Name:		
Office Address:	1201 Hays Street	F-
ride riddress.	Tallahassee	32301 , Florida
	(City)	(Zip code)
Having been nam lesignated in this Turther agree to c	application, I hereby accept the appointme	e of process for the above stated corporation at the pla ent as registered agent and agree to act in this capacit lative to the proper and complete performance of my my position as registered agent.
C	orporation Service Company	Emily Croft sst. Vice President
<u>B</u>		gent'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.

	18 SEP SED
11. Names and business addresses of officers and/or directors:	18 SEP 20
A. DIRECTORS	18 SEP 20 AM 1:22
Chairman:	15 4 / 6 / 4 m
Address:	SUMINA
Vice Chairman:	
Address:	
Director:	
614 N. Ridgeland, Oak Park, IL, 60302	
Address:	
D' .	
Director:	
Address:	
B. OFFICERS	
Jeffrey Nelson	
President: 614 N. Ridgeland, Oak Park, IL, 60302	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ac	
12.	1018.09.19
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 a are true and that he or she is aware that false information submitted in a docum	
a third degree felony as provided for in s.817.155, F.S.  Jeffrey Nelson, President	
13. (Typed or printed name and capacity of person signing	; application)



## 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

NELSON ARCHITECT, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 16, 2002, 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 20TH day of SEPTEMBER A.D. 2018.

Authentication #: 1826301512 verifiable until 09/20/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE