## F18000004529

(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:  CORRECTIONS TO DOCUMENT  Per CONVERSATION WITH  JOSEPH MESSER 10/1/2018 KS				
W18-86742 Suffix+ appless + Not Avail				

Office Use Only



000317962950

09/25/18--01012--004 \*\*87.50



K. SALY OCT -1 2018

## **COVER LETTER**

TO:	Registration Section Division of Corpo				
SUBJ	ЕСТ:	Masse	- Strickler	Hd.	
		Name of corporation	on - must include	suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence,	n by Foreign Corporation for "Certificate of Good St corporation to transact busings."	anding" and chec		
Please	return all correspon	ndence concerning this matt	er to the following	ng:	
			h S. Mess f Person		
	<del></del> -	Me.	ser Stold	cler, Lt	d
		Firm/Co	uashlugtor tress	y suite	575
		Chicago	tlinos and Zip code	60606	<del></del>
		E-mail address: (to be used			
		E-mail address: (to be used	for future annua	al report notif	ication)
For fur	ther information co	oncerning this matter, please	call:		
	Joseph S. M	at (312)	<u> </u>		
	Name of Person	Area Co	de Daytii	me Telephon	e Number
	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, FL Control	on orations enter Circle	Regi: Divis P.O.	LING ADD stration Section sion of Corpo Box 6327 hassee, FL 3	on rations
Enclos	ed is a check for th	e following amount:			
<b>□</b> \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Certified Cop	;Fee & 🖸 by	\$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. (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) (State or country under the law of which it is incorporated)

(FEI number, if applicable) 04125/2016 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Lauren M. Burnette Name: 450-106 S.R. 13 N., Svite 326

St. Johns , Florida 32259
(City) (Zip code) Office Address: 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.

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.

(Registered agent's signature)

<ul><li>11. Names and business addresses of officers and/or d</li><li>A. DIRECTORS</li></ul>	FILED
Chairman:	18.///
Address:	TALLANDE VETT
	FALL AHASSEE, FLORIDA
Vice Chairman:	
Address:	<del></del>
Director: Nicole M. Strickler	
Address: 225 west Wash	upton, Suite 575
Chicago, IL GOG	
<u> </u>	<u> </u>
	Wydon, Suite 575
Chicago, IL	60606
B. OFFICERS	
President: Nicole M. Str	tcleler
Address: 225 West Wa	
Chicago, IL	_ ,
Vice President: Joseph S. Me	
· · · · · · · · · · · · · · · · · · ·	Washlyton, Svite 575
Chicago, II	•
Secretary: Joseph S.	
	it washington Suite 575, Chicago, TL COI
Treasurer: Nicole A	
Address: 225 We	st Washington, Svite 575, Chicago, Il
	the application listing additional officers and/or directors.
12.	
The officer or director signing this document (and who	f Director or Officer is listed in number 11 above) affirms that the facts stated herein on submitted in a document to the Department of State constitutes
13. Joseph S. Mrsser	
	pacity of person signing application)

File Number

7063-827-4

FILED

18 JUL 18 AH 8:50



## 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

MESSER STRICKLER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 25, 2016, 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 16TH day of AUGUST A.D. 2018.

Authentication #: 1822802832 verifiable until 08/16/2019
Authenticate at: http://www.cyberdriveillingis.com

Isse White