

FEB000005344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

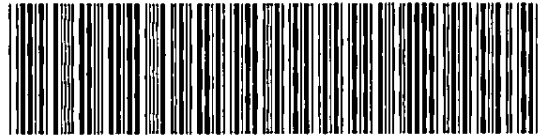
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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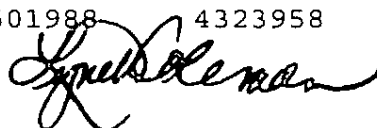
2018 NOV 26 A 2:30

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2018 NOV 26 AM 4:28

11/27/18 DS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 501988 4323958
AUTHORIZATION : 
COST LIMIT : \$ 78.75

ORDER DATE : November 26, 2018

ORDER TIME : 2:43 PM

ORDER NO. : 501988-005

CUSTOMER NO: 4323958

2018 NOV 26 A 2:30
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FOREIGN FILINGS

NAME: LUTHERAN FOUNDATION FOR THE
AGED, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lutheran Foundation for the Aged, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Andrew P. Tecson

Name of Person

Chuhak & Tecson, P.C.

Firm/Company

30 S. Wacker Drive, Suite 2600

Address

Chicago, IL 60606

City/State and Zip Code

atecson@chuhak.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Andrew P. Tecson

at (312)

855-4321

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Lutheran Foundation for the Aged, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 36-3365615
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/11/1985 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. None
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3150 Salt Creek Lane, Arlington Heights, Illinois 60005
(Principal office address)

(Current mailing address, if different)

8. Any or all lawful purposes for which corporations may be incorporated under the Illinois Not For Profit Corporation Act
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301-2525
(City) (Zip Code)

10. 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.

Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

11. 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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Jesse Jantzen
3150 Salt Creek Lane, Arlington Heights, Illinois 60005
Address: _____

Vice Chairman: _____
Address: _____

Director: Marie Carlson-Kyllo
3150 Salt Creek Lane, Arlington Heights, Illinois 60005
Address: _____

Director: Michael Renetzky
3150 Salt Creek Lane, Arlington Heights, Illinois 60005
Address: _____

B. OFFICERS

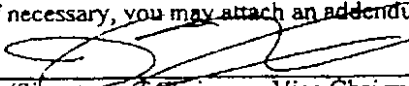
President: Jesse Jantzen
3150 Salt Creek Lane
Address: Arlington Heights, Illinois 60005

Vice President: _____
Address: _____

Secretary: _____
Address: _____

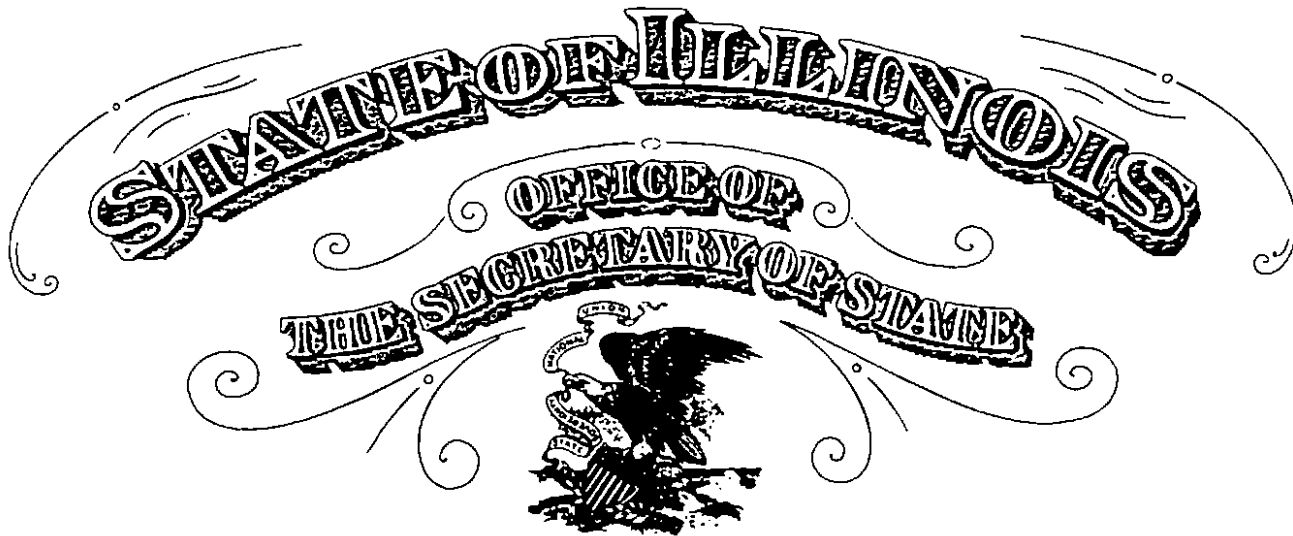
Treasurer: Marie Carlson-Kyllo
3150 Salt Creek Lane, Arlington Heights, Illinois 60005
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jesse Jantzen, President
(Typed or printed name and capacity of person signing application)

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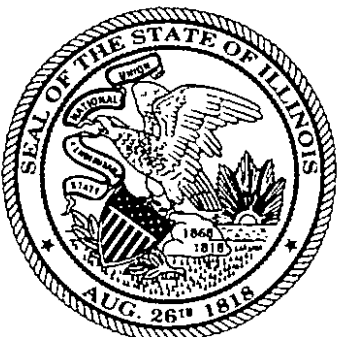


To all to whom these Presents Shall Come, Greeting:

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

LUTHERAN FOUNDATION FOR THE AGED, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 11, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

RECEIVED
NOV 21 1985
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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 NOVEMBER A.D. 2018 .

Jesse White

SECRETARY OF STATE