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(Re	questor's Name)	
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COVER LETTER

'n

TO:	O: Registration Section Division of Corporations					
SUBJ	ect: N	TI Services Name of corporati	Corp. on - must include suffix			
Dear S	Sir or Madam:					
"Certi	ficate of Existen	tion by Foreign Corporation for "Certificate of Good So gn corporation to transact busi	anding" and check are sul			
Please	return all corres	pondence concerning this mat	ter to the following:			
	Micha	el T. Janoso				
		Name o	of Person			
	NTI	Services Cor	D.			
		Firm/Co	ompany			
	8844	McVicker A	je.			
		Δ/4/	trocc			
	Oak	City/State Lianos Chotn Lianos Chotn Lianos Chotn	1 53			
	ci.	City/State	and Zip code			
	mike	t janos de hota	ail. Com	nitification)		
				normation)		
For fu	rther information	concerning this matter, pleas	e call:			
M	ichaelT	Janoso at 77	3 . Ual-890	\wedge		
	Name of Perso	on Area Co	ode Daytime Teler	ohone Number		
	STREET/COU	JRIER ADDRESS:	MAILING A	ADDRESS:		
Registration Section Division of Corporations			Registration Section Division of Corporations			
	Clifton Building P.O. Box 6327					
	2661 Executive Tallahassee, FI		Tallahassee, 1	71. 32314		
Enclos	sed is a check for	the following amount:				
X \$70	1.00 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 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. Services (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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Name: Office Address:

9. Registered agent's acceptance:

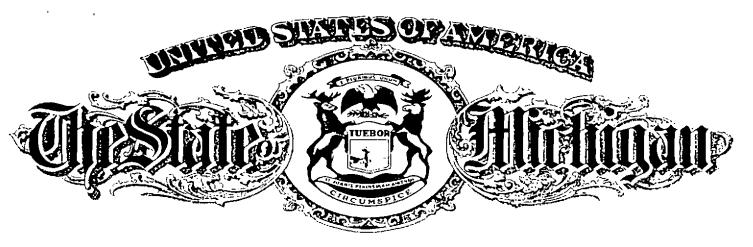
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

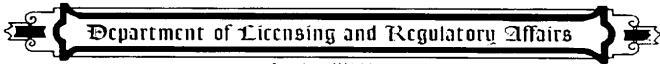
(Registered agent's signature)

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: Errol Hubbard	
Address: 3810 Carrington Dr. Hazel Crest, IL 60429	
Vice Chairman: Daniel Siedlecki	
Address: 9336 Waterford Ln. Orland Park, IL 60462	
Director: Eric Manzano	
Address: 3946 E. Agave Rd. Phoenix, AZ 85044	
Director: Michael T. Janaso	
Address: 8844 McVicker Ave. Oak Lawn, IL 60453	
B. OFFICERS	
President: Errol Hubbard Est 3	
Address: 3810 Carring ton Dr. Hazel Crest, IL 60429	F
SEC. 22	
Vice President: Daniel Siedlecki	
Address: 9336 Waterford Ln. Orland Park, IL 6046 &	
Becretary: Etic Manzano	
Address: 3946 E. Aggue Rd. Phoenix, AZ 85044	
reasurer: Frie Manzano	
ddress: 3946 E. Agave Rd. Phoenix, AZ 85044	
IOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.	
2. Minast Janos	
Signature of Director or Officer he officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated he	rein
e true and that he or she is aware that false information submitted in a document to the Department of State constitution degree felony as provided for in s.817.155, F.S.	
Michael T. Janoso Managing Partner	
(Typed or printed name and capacity of person signing application)	





Lansing, Michigan

This is to Certify That

NTI SERVICES CORP.

was validly incorporated on November 13, 2014 as a Michigan DOMESTIC PROFIT CORPORATION. and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19020875190

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of February, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.