## F19000001915

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

TO:	Registration Section Division of Corporations			
62 F U 12 F	SRA REALTY INC			
SUBJ	ECT: Nam	e of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certificate for the community of	ate of Good Sta	nding" and check are sub	
	return all correspondence conce ON ROBERTS	rning this matte	r to the following:	
	·	Name of	Person	
SRA R	REALTY INC			
		Firm/Cor	npany	
621 SF	EQUAOIA LANE			
		Addr	ress	
FLOS!	SMOOR. IL 60422			
		City/State a	and Zip code	
srobert	ts@jsrent.com			
	E-mail addr	ess: (to be used	for future annual report i	notification)
For fu	rther information concerning this	matter, please	call:	
SHARON ROBERTS 708		906-6035 )		
	Name of Person	Area Coo	de Daytime Telep	hone Number
	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	sed is a check for the following a	mount:		
□ \$70	0.00 Filing Fee	ing Fee & — £ e 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.

ILLINOIS	able in Florida, enter alternate corporate nam	46-5348625	ousiness in Floriday			
	y under the law of which it is incorporated)	(FEI number, if applicable)				
04-09-2014		N/A 5.				
•	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)			
N/A						
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability				
21 SEQUOIA L	ANE, FLOSSMOOR, IL 60422	.1302, r.s., to determine penany habitity	()			
		cipal office address)				
N/A	(11	orpar office address)				
<u>_</u>	(Current ma	iling address, if different)	₹त ह			
	(Current ma	iling address, if different)	ALL			
Name and stree	(Current ma		DIS APR I			
	,					
Name:	et address of Florida registered agent: (		SECTION PH			
Name:	et address of Florida registered agent: (1 CHERI BURTON 2718 GULFVIEW DR.		15 PM 3:			
	et address of Florida registered agent: (I CHERI BURTON		SECTION PH			

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)

11. Names and business addresses of officers and/or directors:

. . . . .

A. DIR	ECTORS			
Chairman	SHARON ROBERTS			
	621 SEQUOIA LANE, FLOSSMOOR, IL 60422			
Address:				
Vice Cha	irman:			
Address:				
130	SHARON ROBERTS			
	621 SEQUOIA LANE, FLOSSMOOR, IL 60422			
Address:				
Director:				
Address:				
			re <u>e</u>	
B. OFF		二世		
b. Off	SHARON ROBERTS	PAR.	APR	
President	;	200 - 100 -	<del>-5.</del>	
Address:	621 SEQUOIA LANE, FLOSSMOOR, IL 60422	71	====	<u> </u>
•		Ç. 5	ယ္	
Vice Pres	sident:	<u>.</u>	£	
Address:				
	SHARON ROBERTS			
Secretary	· ·			
Address:	621 SEQUOIA LANE, FLOSSMOOR, IL 60422			
Treasurer	SHARON ROBERTS			
Address:	621 SEQUOIA LANNE, FLOSSMOOR, IL 60422			
	If necessary, you may attach an addendum to the application listing additional officers at	a/or airc	etors.	
12	Signature of Director or Officer			
	cer or director signing this document (and who is listed in number 11 above) affirms that t			
	and that he or she is aware that false information submitted in a document to the Departmegree felony as provided for in s.817.155, F.S.	ant of St	ate cons	stitutes
SH	ARON ROBERTS PRESIDENT			
13	(Typed or printed name and capacity of person signing application)			

File Number

6956-646-4



## 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

SRA REALTY INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 09, 2014, 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 2ND day of APRIL A.D. 2019 .

Authentication #: 1909201854 verifiable until 04/02/2020
Authenticate at: http://www.cyberdriveitlinois.com

Desse White

SECRETARY OF STATE