

F19000001984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

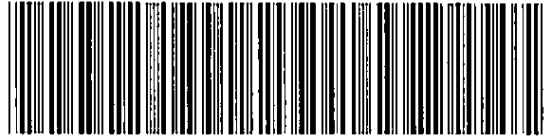
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 APR 23 11:40

19 APR 23 AM 10:35

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4-24-19
BK

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

ACCOUNT NO. : I20000000195

REFERENCE : 736233 4363870

AUTHORIZATION :

COST LIMIT : \$ 10.00



ORDER DATE : April 22, 2019

ORDER TIME : 9:32 AM

ORDER NO. : 736233-005

CUSTOMER NO: 4363870

FOREIGN FILINGS

NAME: COFFOU PARTNERS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

CONSENT OF DIRECTORS OF
COFFOU PARTNERS, INC.

The undersigned, being all of the directors of **COFFOU PARTNERS, INC.**, an Illinois corporation, hereby take the following action, pursuant to Section 8.45 of The Business Corporation Act of 1983 of the State of Illinois, as amended, in lieu of a special meeting of the Board of Directors in April, 2019:

RESOLVED, that for the purpose of authorizing this corporation to transact business in the State of Florida, the proper officers of this corporation be, and they are hereby authorized and directed to appoint and substitute all necessary agents or attorneys for service of process, to designate and to change the location of all necessary statutory offices and to make and file all necessary certificates, reports, powers of attorney and such other instruments as may be required by the laws of such State, to authorize the corporation to transact business therein and, whenever it is expedient for the corporation to withdraw therefrom, to revoke any appointment of agent or attorney for service of process, and to file such certificates, reports, revocations of appointment or surrenders of authority as may be necessary to terminate the authority of the corporation to do business in such State.

DATED: April 19, 2019

Sara Coffou

SARA COFFOU

James R. Coffou

JAMES R. COFFOU

COVER LETTER

TO: Registration Section
Division of Corporations
COFFOU PARTNERS, INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
BARBARA J. DONATI

Name of Person
BURKE, WARREN MACKAY & SERRITELLA, P.C.

Firm/Company
330 NORTH WABASH AVENUE, 21ST FLOOR

Address
CHICAGO, IL 60611

City/State and Zip code
bdonati@burkelaw.com

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

For further information concerning this matter, please call:

Barbara J. Donati 312 840-7071

Name of Person at () Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

COFFOU PARTNERS, INC.

1. _____
(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)
ILLINOIS 36-4212846

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
3/2/1998 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1016 22nd Street, Sarasota, FL 34234

7. _____
(Principal office address)

(Current mailing address, if different)

8. 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
(City) (Zip code)

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.

Corporation Service Company

By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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.

299 APR 29 2:11:40

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SARA COFFOU

Address: 1016 22nd Street, Sarasota, FL 34234

Director: JAMES R. COFFOU

Address: 1016 22nd Street, Sarasota, FL 34234

B. OFFICERS

President: SARA COFFOU

Address: 1016 22nd Street, Sarasota, FL 34234

Vice President: _____

Address: _____

Secretary: JAMES R. COFFOU

Address: 1016 22nd Street, Sarasota, FL 34234

Treasurer: _____

Address: _____

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

12. JRC James R Coffou
Signature of Director or Officer

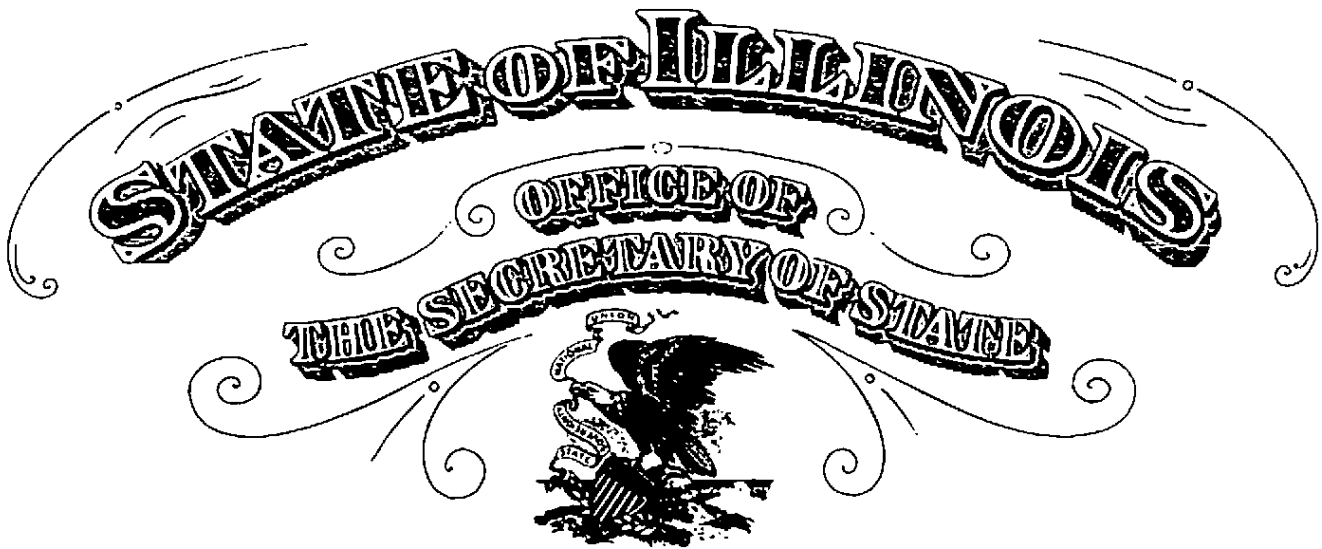
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAMES R. COFFOU, Secretary

13. _____
(Typed or printed name and capacity of person signing application)

File Number

5982-271-3



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

COFFOU PARTNERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 02, 1998, 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.

2019 APR 22 10 10 AM
STATE OF ILLINOIS
JESSE WHITE



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 22ND
day of APRIL A.D. 2019 .

Jesse White

SECRETARY OF STATE