

F19000002638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

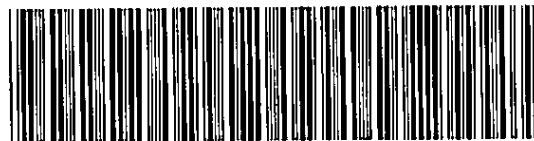
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2019

DANNY LEE
425 S. FINANCIAL PLACE, STE 1900
CHICAGO, IL 60605

SUBJECT: APPLEGATE & THORNE-THOMSEN P.C.
Ref. Number: W19000045528

2019 MAY 23 PM 1:27

We have received your document for APPLEGATE & THORNE-THOMSEN P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

On line #1, remove "CORPORATION". On line #1, place the name exactly how it is on the certificate of existence. On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00010503



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

DANNY LEE
425 S. FINANCIAL PLACE, STE 1900
CHICAGO, IL 60605

SUBJECT: APPLGATE & THORNE-THOMSEN P.C.
Ref. Number: W19000045528

We have received your document for APPLGATE & THORNE-THOMSEN P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

On the alternate name line, place the name exactly how it is on the certificate of existence along with a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00009377

20190509 PM 1:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Applgate & Thorne-Thomson P.C.
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:

Danny Lee
Name of Person
Applgate & Thorne-Thomson P.C.
Firm/Company
425 S. Financial Place Suite 1900
Address
Chicago, IL 60605
City/State and Zip code
DLEE@ATT-LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Lee at (312) 491-4460
Name of Person Area Code 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:

- ☐ \$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

2012 JUN -5 PM 4:51

**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.

1. Appligant & Thorne - Thomsen, P.C.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Appligant & Thorne - Thomsen, Corporation
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. IL 3. 36-4216292
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/18/1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5/10/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 425 S. Financial Pl Suite 1900 Chicago, IL 60605
(Principal office address)

(Current mailing address, if different)

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

Name: Verna Marvic

Office Address: 720 NE 62nd St. #401

Miami _____, Florida 33138
(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.

Verna Marvic
(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.

2019 JUN -5 PM 4:51

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bennett Applegate

Address: 425 S. Financial PL Suite 1900

Chicago IL 60605

Vice President: Debra Kleban

Address: 425 S. Financial PL Suite 1900

Chicago IL 60605

Secretary: Nicole Jackson

Address: 425 S. Financial PL Suite 1900 Chicago IL 60605

Treasurer: Warren Wenzloff

Address: 425 S. Financial PL Suite 1900, Chicago, IL 60605

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

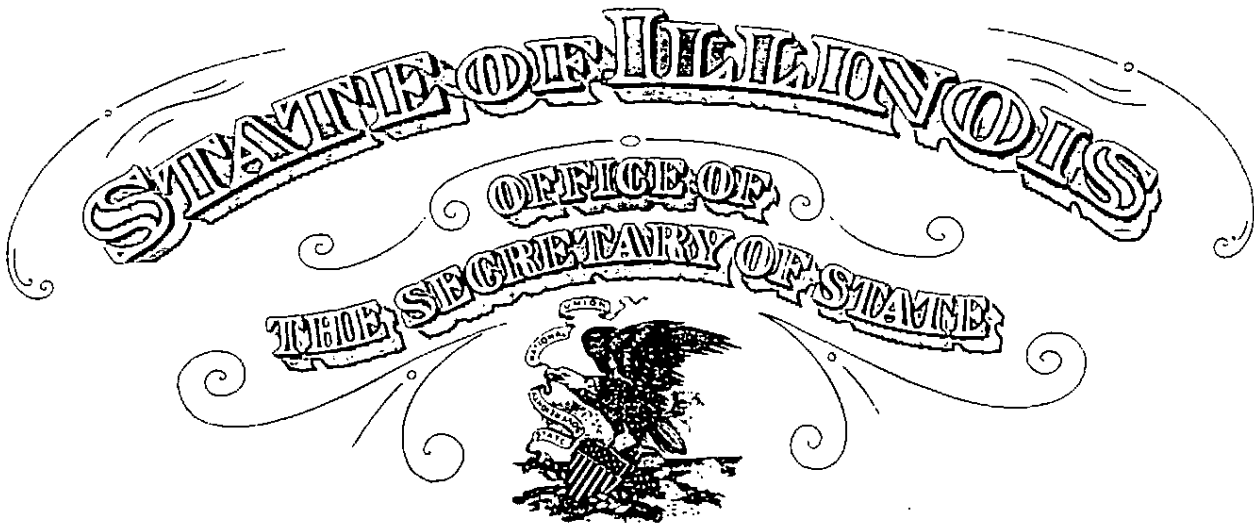
12. Bennett Applegate Signature of Director or Officer

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.

13. Bennett Applegate, President
(Typed or printed name and capacity of person signing application)

File Number

5984-906-9



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

APPLEGATE & THORNE-THOMSEN, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 18, 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.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of APRIL A.D. 2019 .

Jesse White

SECRETARY OF STATE