

F19000003805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

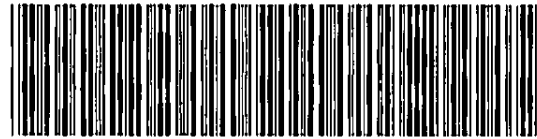
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG -9 PM 4:30
SECOND LANE OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

AUG 17 2019



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Asset Management, Inc.

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:

Drake D. Mertes, Esq.

Name of Person	
Dowd, Dowd & Mertes, Ltd.	
Firm/Company	
701 Lee Street, Suite 790	
Address	
Des Plaines, IL 60016	
City/State and Zip code	
danielshoffet@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Drake D. Mertes	847	827-2181
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

**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. Premium Asset Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. Illinois 3. 84-2556152

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 10, 2019 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)

7. 1111 North Plaza Drive, Suite 200

(Principal office address)

Schaumburg, IL 60173

(Current mailing address, if different)

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

Name: Ron Shoffet


Office Address: 2333 NE 28th Court

Lighthouse Point, Florida 33064

(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.



(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: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Daniel T. Shoffet

Address: 1111 North Plaza Drive, Suite 200

Schaumburg, IL 60173

Director: _____

Address: _____

B. OFFICERS

President: Daniel T. Shoffet

Address: 1111 North Plaza Drive, Suite 200

Schaumburg, IL 60173

Vice President: N/A

Address: _____

Secretary: Daniel T. Shoffet

Address: 1111 North Plaza Drive, Suite 200; Schaumburg, IL 60173

Treasurer: Daniel T. Shoffet

Address: 1111 North Plaza Drive, Suite 200; Schaumburg, IL 60173

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

12. 
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.

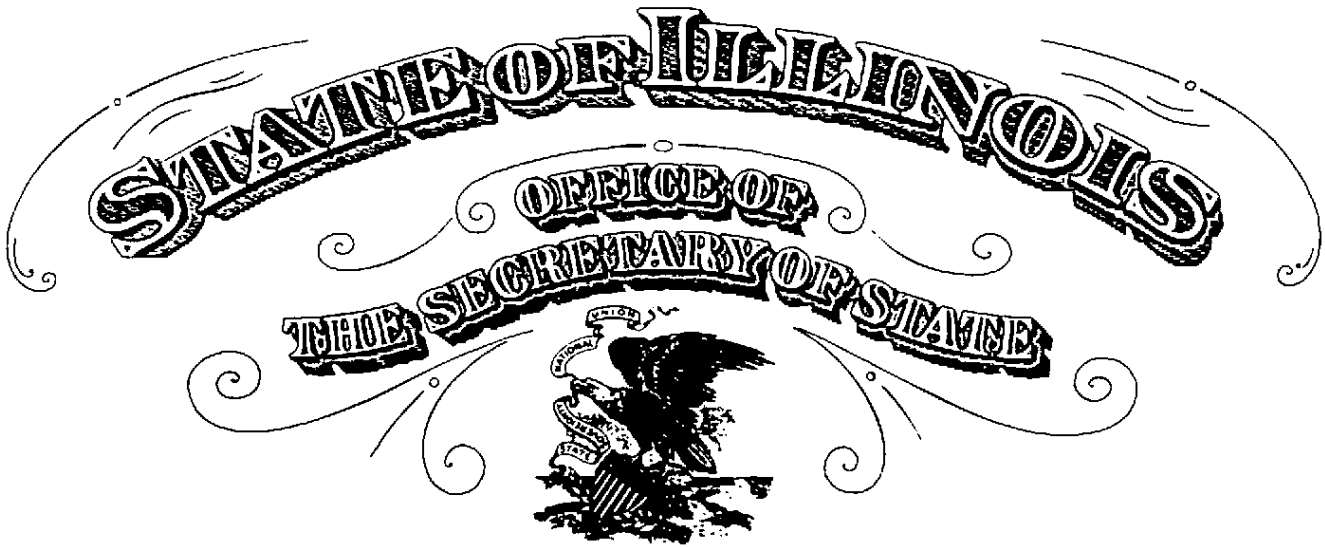
13. Daniel T. Shoffet, President

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

2019 AUG -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

7235-358-7



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

PREMIUM ASSET MANAGEMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 10, 2019, 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 30TH
day of JULY A.D. 2019 .

Jesse White

SECRETARY OF STATE