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(City/State/Zip/Phone #)	

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PICK-UP	🔲 WAIT	MAIL				
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Special Instructions to	Filing Officer:					
	Office Use Or	าไห				



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2019

• . •

PAUL MALEK PO BOX 1099 MELROSE PARK, IL 60161

SUBJECT: ANDREW DISTRIBUTION, INC. Ref. Number: W19000074417

We have received your document for ANDREW DISTRIBUTION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 619A00016588



www.sunbiz.org

COVER LETTER

TO: **Registration Section Division of Corporations**

ANDREW DISTRIBUTION, TNC. Name of corporation - must include suffix SUBJECT:

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:

PAUL MALEK						
Name of Person						
ANDREW DISTRIBUTION, INC.						
Firm/Company						
P. O. BOX 1099						
Address						
MELROSE PARIT, IL. GOIGI						
City/State and Zip code						
PAUL · MALEKOANDREWDISTRIBUTION · COM						
E-mail address: (to be used for future annual report notification)						

For further information concerning this matter, please call:

<u>PAUL MALEH</u> at (<u>708</u>) <u>410-2400</u> 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

Enclosed is a check for the following amount:

S70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy



MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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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.

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ANDR	EVA D	USTRI	BUTIO	de ,	INC	

1.	<u>AMUREW UISTATBOTTUM, 1000</u>
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	"'he" "Co" "Corp," "Inc," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busi	ness in Fl	orida)	
٦	$\frac{T.LLINOIS}{3.6-38106}$	85		
	(i a) number in appread	lei		
4.	2/25/1992 5. (Date of incorporation) (Date of duration, if other than p	erpetual)		
6.	2/10/2019			
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7.	1633 IMPERIAL CIR NAPERVILLE,	<u> I.C.</u>	<u> </u>	563
	(Principal office address)			
	(Current mailing address, if different)			
8. 1	Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		2019	
	Name: <u>RECISTERED AGEN</u> TS INC.		2019 AUS	
Ofi	Tice Address: 7901 4Th 52. NSTE 300	:	22	
	<u>ST. PETERSBUFG</u> , Florida <u>33702</u> (City) (Zip code)	ιτ. 	PH L:	
		, <u>.</u>	8	

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.



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.

Manager and the second s

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

A. DIRECTO	R S								
Chairman:							·•••		
Address:	- <u>-</u> t								
									_
Vice Chairman: _									
Address:									
· •									
Director:					·				
Address:									
Director:				<u> </u>	<u> </u>				
Address:				<u> </u>	_				
· · · · ·			<u></u>		<u></u>				
B. OFFICERS				. 1					
President:	NAHR	EINE	MAL	EN		<u> </u>	<u> </u>		
Address:	1633 T	MPERI	AL C	<u>i R</u>			21		
·	MAPERI	MULE,	26.	60563			2019 A		
Vice President: _						I		·"[]	
Address:							22		
								<u> </u>	
Secretary.	NAHA	ENE	MA	<u></u>					
Adaress:	1633	IMPE	RIAL	CIR.	NAPE	RUILLE	2	<u>- (·</u>	<u>(</u> 25
Treasurer:	15					·	<u> </u>		<u> </u>
Address:									<u> </u>
NOTE: If necc	essary, you may gunc	h-an addendun	n to the appli	eation listing a	dditional off	icers and/or d	irector:	і. ЛЛл	DoU.
12		<u> </u>	the of Directo	or or Officer		Preséde	<u>ne</u> 2rt	<u>//µ</u>	<u>ig</u> to
The officer of c are true and the	lirector signing this c it he or she is aware t elony as provided fo	locument (and hat false inforr	who is listed nation subm	in number 11:	aboye) affirn	ns that the fac	ts state	d herei	n
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· · · · · · · · · · · · · · · · · · ·	(Typed or p	printed name ar	nd capacity o	f person signin	g application	1)			



5671-774-9

File Number

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

ANDREW DISTRIBUTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 13, 1992, 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 31ST day of JULY A.D. 2019

Authentication #: 1921202744 verifiable until 07/31/2020 Authenticate at: http://www.cyberdriveillinois.com

Jesse W Vito,

SECRETARY OF STATE