# FI90005064

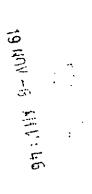
(Requestor's Name)
(Address)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400336532684

400336532634 11/06/19--01003--014 ##87.50



515 M. 9-131 6103

T GLASS NOV 0 7 2019

### CORPORATE ACCESS,

#### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

		VV / KESIK II.V		
	PICK	UP: <u>11/05/2019</u>		
хx	CERTIFIED COPY			
	РНОТОСОРУ			
хx	CUS			
xx	FILING	INC		
1.	ESHAAN HOSPITALITY (CORPORATE NAME AND DOCUM		<del></del>	
2.	(CORPORATE NAME AND DOCUM	IENT #)		2019
3.	(CORPORATE NAME AND DOCUM	IENT #)		\$100 kg
4.	(CORPORATE NAME AND DOCUM	IENT #)		) 15 10: 1-0 
5.	(CORPORATE NAME AND DOCUM	IENT #)		
6.	(CORPORATE NAME AND DOCUM	IENT #)		
SPECIA INSTRU	AL JCTIONS:		<u></u>	

#### **COVER LETTER**

	istration Section sion of Corpora					
SUBJECT	ESHAAN HO	SPITALITY INC.				
SUBJECT	•	Name of corpora	tion - :	must include suffix		
Dear Sir or l	Madam:					
"Certificate	of Existence," o		Standi	nthorization to Transact B ng" and check are submit in Florida.		
Please return Michael J. Ba	· ·	ence concerning this m	atter to	the following:		
		Namo	e of Pe	rson		
Quintairos, P	rieto. Wood & Be	oyer, P.A>				
		Firm/	Compa	ny		
12428 San Je	se Blvd, Suite I					20
Address						G Z
Jacksonville.	Florida 32223				·	
		City/Sta	ite and	Zip code		
brian.shaha@					<del>,</del>	
	t:	E-mail address: (to be u	sed for	future annual report noti	fication)	);   10: 40
For further i	nformation con	cerning this matter, ple	ase cal	1:		0
		904	,	226-3660		
Nai	ne of Person	at ( Area	Code	Daytime Telephon	e Number	
Reg Divi Clif 266	REET/COURIE istration Section ision of Corpora ton Building I Executive Cer ahassee, FL 32	itions iter Circle		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL. 1	on prations	
Enclosed is	a check for the	following amount:				
□ \$70.00 F	iling Fee □	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee &  Certified Copy	\$87.50 Filing Certificate of Certified Cop	f Status &

# 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.

(If name unavailable	e in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	1)	
Illinois	3.	80-0718881		
(State or country u May 5, 2011	nder the law of which it is incorporated)	(FEI number, if applicable)	_	
(Date of	incorporation) 5.	(Date of duration, if other than perpetual)		
601 118th Avenue,		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
		pal office address)		
			<u> </u>	
	(Current maili		2019HET - 5	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Michael J. Barker, Esq.  Name:				
fice Address:	12428 San Jose Blvd, Suite I		01:01:4	
	Jacksonville	, Florida		
•	(City)	(Zip code)		

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: Vice Chairman: Address: \_\_ Address: \_\_ Director: \_ **B. OFFICERS** RICHARD SINGAPORI President: 14115 W. Braemore Close Address: Libertyville, IL 60048 Vice President: Address: \_\_ Brian Shaha Secretary: 7601 118th Avenue, Pleasant Prairie, WI 53158 Address: Treasurer: \_ NOTE: If percessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Brian Shaha 13.

#### File Number

6793-470-9



## 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

ESHAAN HOSPITALITY INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 05, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 OCTOBER A.D. 2019.

Authentication #: 1930401826 verifiable until 10/31/2020
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE