Faccocon15

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

Office Use Only



700337797227

12/13/19--01025--024 **78.75

1019 DEC 13 PH 1:46



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fuelfed, Inc.		
	ation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but		
Please return all correspondence concerning this m	atter to the following:	
Lorraine Hughes	SER	
Name	e of Person	
Fuelfed, Inc.	ORT OR	
Firm/	Company	
5225 N Ravenswood Ave, Suite 201		
Α.	ddress	
Chicago,IL 60640		
City/St:	ate and Zip code	
fuelfed2@gmail.com		
E-mail address: (to be u	sed for future annual report notification)	
For further information concerning this matter, ple	ase call:	
Lorraine Hughes at () 4011975		
Name of Person Area	Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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	Fuelfed, Inc.				
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	Э,"	
	(If name unavaila	able in Florida, enter alternate corporate name ad	onted for the numose of transact	ting business in Florida)	
2.	Illinois				
_,	(State or country	wunder the law of which it is incorporated)	(FEI number, if	applicable)	
4.	March 4, 2013	5.			
			(Date of duration, if other	er than perpetual)	
6.				E B	
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration)	ilivici: 13	
	5225 N RAVENS	WOOD AVE, STE 201, CHICAGO, IL 60640	z, r.s., to determine penalty hab	PH PH	
(Principal office street address)					
		(i meipai omee	<u>street</u> address)	0810 ORIO	
		(Current mailing	address, if different)		
١.	Name and stree	t address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)		
	Name:	Martin Meissner			
ł	ffice Address:	926 S.W. 17th St			
		Fort Lauderdale	, Florida		
		(City)	(Zip code)		

Registered agent's acceptance:

tving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, d I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction or the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Brian E Hughes Name:	□ Chairman	Name: Lorraine N Hughes	
□Vice Chairman	5225 N Ravenswood Ave, Address:	□Vice Chairman	Address: 5225 N Ravenswood Ave	
Director	Suite 201	□Director	Suite 201	
■President	Chicago. IL 60640	□President	Chicago, IL 60640	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	■ Secretary	□Treasurer	
Other	Other	□Other	□Other	
□Chairman	Name:	☐Chairman	Name: FC B	
	Address.		13	
Director		□Director	E P	
□ President		□ President	ORE	
		□Vice President	P	
Secretary	□Treasurer	□ Secretary	□Treasurer	
JOther	Other	□Other	Other	
[†] Chairman	Name:	□ Chairman	Name:	
Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
President		□President		
7ice President		□Vice President		
ecretary	☐ Treasurer	☐ Secretary	☐Treasurer	
ther	Other	□ Other	Other	
fficer or direct aware that fa	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa Signature of Director signing this document (and who is listed in nucles information submitted in a document to the Delughes, Secretary	rtment of State Annual Retor or Officer	at the facts stated herein are true and that he or	



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

FUELFED, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 04, 2013, 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 26TH day of NOVEMBER A.D. 2019.

ientication #: 1933003656 venfiable until 11/26/2020

henticate at: http://www.cyberdriveillinois.com

sse white

SECRETARY OF STATE