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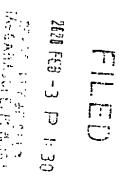
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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COVER LETTER

	egistration Section ivision of Corporations			
SUBJEC	System Balancing & Performance	Diagnostics	. Inc. (DBA - LaminAir Te	st & Balance, Inc.)
1,01,01,0		poration -	must include suffix	
Dear Sir o	r Madam:			
"Certifica	sed "Application by Foreign Corpora te of Existence," or "Certificate of Go reneed foreign corporation to transac	ood Stand	ing" and check are submi	
Please reti	irn all correspondence concerning th	is matter t	o the following:	
Scott Slige	owski			
	N	same of Pe	erson	
LaminAir	Test & Balance, Inc.			
	l:	irm/Comp	any	
3547.53rd	Avenue West, #140			
		Addres	s	
Bradenton	F1, 34210			
	City	/State and	l Zip code	
Scott@Lar	minAir-TAB.com			
	E-mail address: (to b	oc used for	future annual report not	ification)
For furthe	r information concerning this matter,	please cal	il:	
Scott Sligowski 847		815-6374		
N	ame of Person A	rea Code	Daytime Telepho	ne Number
Ro D T1 24	egistration Section ivision of Corporations on Corporations on Centre of Tallahassee 15 N. Monroe Street, Suite 810 allahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please mak	s a check for the following amount: e check payable to: FLORIDA DEPAR Filing Fee S78.75 Filing Fee Certificate of Stat	₽		\$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.

(If name unavaila	able in Florida, enter alternate corporate na	ime adopted for the purpose of trans	sacting business in Florida)
ILLINOIS		3. 45-1144758	
(State or country	y under the law of which it is incorporated) (FEI number,	if applicable)
04/12/2011		5(Date of duration, if o	
(Date	of incorporation)	(Date of duration, if o	other than perpetual)
	(SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration 17.1502, F.S., to determine penalty 1	
2805-52nd Avenu	ie Drive West, Bradenton, FL 34207		
		office street address)	
3547-53rd Avenu	ie West, #140, Bradenton, FL 34210		
	(Current ma	ailing address, if different)	75.
			記 で に に に に に に に に に に に に に
Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	Time Time
Name:	Scott Sligowski		
ffice Address:	2805 52nd Avenue Drive West		1: 30
mee Address.	Bradenton	Florido 34207	500
	(City)	, Florida (Zip code)	_
	ent's acceptance: ed as registered agent and to accept so	ervice of process for the above s	stated cornoration at the pa
		intment as registered agent and	agree to act in this capac
aving been nam signated in this		as ealativa to the neoner and cor	uplete performance of my
wing been nam signated in this rther agree to co	omply with the provisions of all statute with and accept the obligations of my		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

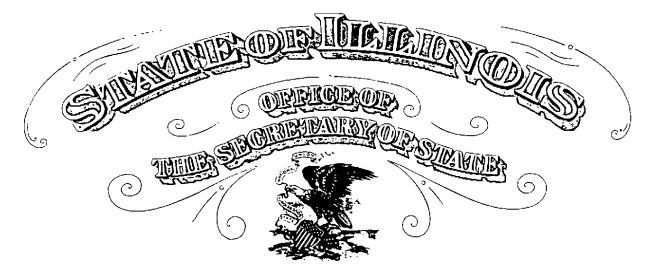
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			
□Chairman	Name: Scott Sligowski	□Chairman	Name: James Johnson
□Vice Chairman	Address: 2805 52nd Avenue Drive West	□Vice Chairman	Address: 4703 Anise Tree Court
□Director	Bradenton, FL 34207	□Director	Melbourne, F1, 32934
President		□President	
□Vice President		■Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	□Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	_
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other		□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	☐Treasurer
□Other		Other	
individuals may be	Jse an attachment to report more than six (6). The attact added to the index when filing your Figure Department	it of State Annual Re	port form.
12.	Signature of Vircetor or	Officer	
	ctor signing this document (and who is listed in number lse information submitted in a document to the Departm		

13. Scott John Sligowski, President

File Number

6791-512-7



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

SYSTEM BALANCING & PERFORMANCE DIAGNOSTICS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 12, 2011, ADOPTED THE ASSUMED NAME LAMINAIR TEST & BALANCE, INC. ON MAY 25, 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 27TH day of JANUARY A.D. 2020 .

Authentication #: 2002703618 verifiable until 01/27/2021 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE