

6/8/2020

Division of Corporations

F20000002538

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001724013)))



H200001724013ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: john.stanfield@stanfieldcpa.com

FOREIGN PROFIT/NONPROFIT CORPORATION

LQD Financial Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

JUN 9 2020

RECEIVED

2020 JUN -8 PM 4:42

STANFIELD CPAs, PA
404-230-1880

2020 JUN -8 PM 12:35

FILED

Fax Audit #H20000172401 3

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. LQD Financial Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 46-4625260
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/23/2014 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 370 N Carpenter St. Chicago, Illinois 60607
(Principal office address)

(Current mailing address, if different)

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.



Mark Williams, AVP, Business Filings Incorporated

(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.

Fax Audit #H20000172401 3

FILED
JUN 8 2021
CLERK OF COURT
JULIA A. GREGOR

2021 JUN -8 PM 12:35

Fax Audit #H20000172401 3

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: George SouriAddress: 370 N Carpenter St, Chicago, Illinois 60607

Director: _____

Address: _____

B. OFFICERS

President: George SouriAddress: 370 N Carpenter St, Chicago, Illinois 60607Vice President: George SouriAddress: 370 N Carpenter St, Chicago, Illinois 60607Secretary: George SouriAddress: 370 N Carpenter St, Chicago, Illinois 60607Treasurer: George SouriAddress: 370 N Carpenter St, Chicago, Illinois 60607

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. George Souri, President

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

2020 JUN -8 PM 12:35
SECRETARY OF STATE
RECEIVED

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LQD FINANCIAL CORP." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



5469245 8300

SR# 20205558287

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203066921

Date: 06-08-20