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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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### **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation	ns		
SUBJECT: ACROSS COUNT	TRY CONSTRUCTION, IN	С	
SUBJECT:	Name of corporation -	must include suffix	
Dear Sir or Madam:			
	Certificate of Good Stand	uthorization to Transact Business iing" and check are submitted to region Florida.	
Please return all correspondence	e concerning this matter t	o the following:	
AMR LABIB			
	Name of P	erson	
ACROSS COUNTRY CONSTRU	ICTION INCORPORATED		
	Firm/Comp	any	
2907 KENTSHIRE CIRCLE			
	Addres	s	<del>,</del>
NAPERVILLE, IL 60564			
	City/State and	l Zip code	<del> </del>
CONSTRUCTIONOK@YAHOO			
E-m	ail address: (to be used fo	r future annual report notification)	322
For further information concern	ning this matter, please ca	II:	
AMR LABIB	at ( <sup>630</sup>	518-0299	<u> </u>
Name of Person	Area Code	Daytime Telephone Number	er - 1
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ns sec , Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	J
——————————————————————————————————————	ORIDA DEPARTMENT (	\$78.75 Filing Fee & \$87.50 Certified Copy Certif	) Filing Fee, icate of Status & icd 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.

	NTRY CONSTRUCTION FL INCORPORATE		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bus	siness in Florida)
L. ILLINOIS		36-4654123	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)
APRIL 21, 2009 5.		PERPETUAL .	
(Date	of incorporation)	(Date of duration, if other than p	perpetual)
N/A			
	(Date first transacted business in		
210 W DELMAD	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty hability)	
319 W DELIMAN	STREET, LAKELAND, FLORIDA 33803		
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	
	Current manning	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Roy NOT acceptable)	
	MARY NASSAR	isox <u>ivor</u> acceptable)	
Name:		<del></del>	9752
ffice Address:	319 W BELMAR STREET		```
	LAKELAND	Florida 33803	<u></u>
	(City)	(Zip code)	
		· • •	_

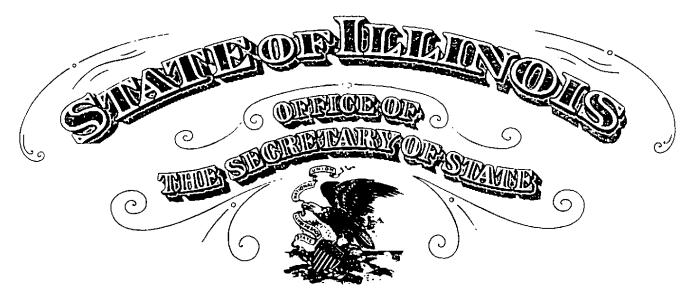
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Name: AMR LABIB	□ Chairman	Name: LUZ LABIB				
□Vice Chairman	Address: 319 W BELMAR ST	□Vice Chairman	Address: 2907 KENTSHIRE CIR				
□Director	irector LAKELAND FL 33803		NAPERVILLE, IL 60564				
■ President 630.518.0299		□President	630.888.9763				
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman	Address:				
Director		□ Director					
□President		□President					
		□ Vice President					
Secretary	☐ Treasurer	☐ Secretary	□Treasurer				
□Other	Other	☐Other					
			□Other □				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	သ				
□President	<del></del>	□President	<u> </u>				
□Vice President		□Vice President	·				
☐ Secretary	□Treasurer	Secretary	□Treasurer				
Other		□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
14	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.  AMR LABIB							
13.							

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

#### File Number

6692-692-3



## 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

ACROSS COUNTRY CONSTRUCTION INCORPORATED. A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 21, 2009, 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 13TH day of **OCTOBER** A.D.2020

Authentication #: 2028703092 verifiable until 10/13/2021

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

SECRETARY OF STATE