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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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#78.88 #78.88 **2028 HOV** 16 PM 4: 4

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	ECT: BASI ENTERPRISES, INC	•					
5020.		e of corporation	on - mus	t include suffix			
Dear Si	r or Madam:						
"Certifi	closed "Application by Foreign C cate of Existence," or "Certifica eferenced foreign corporation to	te of Good St	anding"	and check are sub			17
Please r	return all correspondence concer	ning this matt	er to the	following:		5 3	
МІСНА	EL HAMPLEMAN					भारत	
		Name o	of Person	 		- 2 -	
THE CE	ENTER FOR FINANCIAL LEGAL	AND TAX PL	ANNING	GINC.	<i>.</i>	16	
		Firm/Co	mpany			PH	,
4501 W	DEYOUNG ST STE 200				6 8. 717 s	<u>-</u> :	
		Ado	iress		ior %	. <u>U</u>	
MARIO	N IL 62959						
		City/State	and Zip	code			
rbasi@ta	axplanning.com						
	E-mail addre	ss: (to be used	d for futu	re annual report r	notification)		
For furt	her information concerning this	matter, please	call:				
Michael	Hampleman	618 at (997	<i>I</i> -3436			
	Name of Person	Area Co	ode	Daytime Telepl	hone 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				
Please n	ed is a check for the following ar nake check payable to: FLORIDA I 00 Filing Fee	DEPARTMEN	□ \$78.3	FATE 75 Filing Fee & ified Copy		Filing Fe cate of St ed 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.

۱.	BASI ENTERP	RISES, INC.					
	(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATIO	N."		
	(If name unavail	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacti	ng busines	s in Flor	ida)
2.	ILLINOIS		3				
	(State or countr	y under the law of which it is incorporated)	٠.	(FEI number, if a	pplicable)		
4.	DECEMBER 27	7, 1984	5	PERPETUAL			
•	(Date of incorporation) (Date of duration, if other		than perp	etual)			
6.	11/12/2020						
		(SEE SECTIONS 607.1501 & 607		n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)."	2828 NOV	, -
7.	4501 W DEYOU.	NG ST STE 200 MARION IL 62959			. • 	N	
		(Principal o	otli	ce <u>street</u> address)	·	16	
	4501 W DEYOU	ING ST STE 200 MARION IL 62959				P	
0	N. I.			ng address, if different)) Jaion	4: 45	
δ,	Name and stree	et address of Florida registered agent: (1	P.C	D. Box NOT acceptable)	•		
	Name:	ROMAN A. BASI					
O	ffice Address:	276 BAYSIDE DR					
		CLEARWATER, FL		. Florida ³³⁷⁶⁷			
		(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, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dul and I am familiar with and accept the obligations of my position as registered agent.

Lorus D. Brui (Registered agent's signature)

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

A. DIRECTORS	•				
Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address (SAME) 276 BAUST		
Director	CLEARWATER. FL 33767	□Director	70 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
President		□President	Cknowner, Fl		
□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	72 NO		
		□Vice President	16		
☐ Secretary	□Treasurer	☐ Secretary			
Other	□Other	□Other			
□ Chairman	Name:	□Chairman	Name:		
	Address:		Address:		
Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	[] Treasurer	□Secretary	□Treasurer		
□Other	□Other	Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indefindividuals may be added to the index when filing your Florida Department of State Annual Report form. 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided s.817.155, F.S.

ROMAN A BASI - DIRECTOR/PRESIDENT

File Number

5369-202-8



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

BASI ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 27, 1984, 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 12TH day of NOVEMBER A.D. 2020 .

Authentication #: 2031703240 verifiable until 11/12/2021

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

Desse White

SECRETARY OF STATE