F20000005511

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



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COVER LETTER

TO: Registration Section Division of Corporations	· /				
SUBJECT: Sass and Sons Ken	nodeling, Inc.				
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorizat "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Florida.	check are submitted to register the				
Please return all correspondence concerning this matter to the following the second se	owing:				
Name of Person					
Sass and Sons Remodeling					
Firm/Company	δ ,				
no39 Jefferson	St. Stel				
New Port Richey,	FL 34652				
City/State and Zip code					
Sassandsons remodeling Damail. com E-mail address: (to be used for fluture annual report notification)					
For further information concerning this matter places call:	<i>:.</i> د_				
For further information concerning this matter, please call: $3/5 - 7/98$					
Chris Jass at (815)	700 0300 B				
	aytime Telephone Number				
	MAILING ADDRESS: Registration Section				
	Division of Corporations				
The Centre of Tallahassee	P.O. Box 6327				
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Fallahassee, FL 32314				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,					
Certificate of Status Certified	Copy Certificate of Status & Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Sass and Sons Remoder Enter name of corporation; must include "INCORPORATED." "C	OMPANY "CORPORATION."
fnc" "Co.," "Corp." "Inc." "Co." or "Corp.")	
If name unavailable in Florida, enter alternate corporate name adop	sted for the numose of transacting business in Florida)
Illinois 3.	34 11 7 7
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
Q-27-2018 5. (Date of incorporation)	(Date of duration, if other than perpetual)
	0 00
(Date first transacted business in Flo	
(SEE SECTIONS 607.1501 & 607.1502, 1	
(Principal office st	reet address) 3445
(Current mailing ad-	dress, if different)
	•
Name and <u>street address</u> of Florida registered agent: (P.O. Bo	ox NOT acceptable)
Name: <u>Cameron</u> Jass	-
fice Address: 1039 Jefferson St	
New Port Richard (City)	, Florida <u>34652</u> (Zip code)
Registered agent's acceptance:	
wing been named as registered agent and to accept service of 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 relati	ve to the proper and complete performance of my duties, nas registered agent.
a i am jamutar with and accept the obligations of my position	
d I am familiar with and accept the obligations of my position	

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	0					
□Chairman	Name: Cameron Sass	□Chairman	Name:	<u>-</u>		
□Vice Chairman	Address: 27034W Miller Rd	□Vice Chairman	Address:			
□Director	Lak Barrington, Ic	□Director				
Deresident	60010	□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		□Other;		
						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President		·r_		
□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-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F/8						
13. Ameron Sa.S. (Typed or printed name and capacity of person signing application)						

File Number

7170-406-8



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

SASS AND SONS REMODELING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 19, 2018, 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 25TH day of NOVEMBER A.D. 2020 .

Authentication #: 2033003052 verifiable until 11/25/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE