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	COVER LE	TTER \$	
TO: Registration Section Division of Corporations			
SUBJECT: THERMO-POLANC	ume of corporation -	mnet include suffix	
140	ine or corporation -	must merade sams	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certification or possible to the component of the component	icate of Good Standi to transact business	ng" and check are s in Florida.	ubmitted to register the
Please return all correspondence cond	cerning this matter to	the following:	DEC 2
KONRAD BEDNARZ			<u> </u>
	Name of Pe	erson	
THERMO-POL INC			; =
THERMO-FOLLING	Firm/Compa	nnv	, , ,
	•	•	
6662 99th St			
	Address	;	
Chicago Ridge, IL 60415			
	City/State and	Zip code	
konrad@thermo-pol.com			
E-mail add	dress: (to be used for	future annual repor	1 notification)
For further information concerning th	ris matter, please cal	i:	
KONRAD BEDNARZ	at (773) 470-6275	
Name of Person	Area Code	Daytime Tel	ephone Number
STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite		Registration Division of P.O. Box 6.	Corporations
Tallahassee, FL 32303			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

'N 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.	THERMO-POLINC						
•••	(Enter name of corporation: m "Inc.," "Co.," "Corp." "Inc.," "Corp."	ust include "INCORPORATED, [0," or "Corp.")	."C	OMPANY," "CORPORATION."			
	(If name unavailable in Florid	a, enter alternate corporate name	adop	ted for the purpose of transacting bu	ısiness	in Florida)	
2.	ILLINOIS		26-	1888040			
_,	(State or country under the la	he law of which it is incorporated)		(FEI number, if application)		able)	
4	01-31-2008	5.					
(Date of incorporation)			(Date of duration, if other than perpetual)				
6	n/a				_		
	(SE		in Flo 502.	rida, if prior to registration) F.S., to determine penalty liability)		2023 DEC 21	
7. 5209 6ST. West , Lehigh Acres ,FL 33971 (Principal office <u>street</u> address)						2	
	6662 99th St., Chicago Ridge.	H-60415					
(Current mailing address, if different)						PM 3: 03	
8.	8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)						
	Name: Javier de	.eon		_			
0	ffice Address: 5209 6ST.	West		_			
	Lehigh Ac	res (Citv)	_	_ , Florida <u>33971</u> (Zip code)			
		(City)		Z			

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.

(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.

. DIRECTORS Name: _____ ☐ Chairman Name: Konrad Bednarz ∃Chairman. Address: □Vice Chairman Address: 5129 S Lawler Ave □Vice Chairman □ Director Chicago, IL 60638 □ Director □ President President □ Vice President □Vice President □Treasurer □ Secretary □Treasurer ■ Secretary □Other ___ ___ ☐Other _____ □Other _____ □Other _____ Name: ______ Name: _____ □ Chairman □ Chairman Address: □ Vice Chairman □Vice Chairman Address: □ Director Director □President □ President □ Vice President □Vice President ____ □Treasurer □ Secretary Treasurer □ Secretary □Other _____ ☐Other _____ □Other _____ □Other _____ Name: Name: _____ □Chairman □ Chairman Address: _____ □ Vice Chairman □Vice Chairman Address: _____ □ Director □ Director □ President □President ☐ Vice President □ Vice President □Treasurer □ Treasurer ☐ Secretary □ Secretary 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 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. Konrad Bednarz - President



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

THERMO-POL, INC.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 31, 2008, 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 14TH day of DECEMBER A.D. 2020.

Authentication #: 2034904058 verifiable until 12/14/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White