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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: ESSCLEAN, INC.	n 		
		ı - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence." or above referenced foreign corp	Certificate of Good Star	nding" and check are submi-	
Please return all corresponden	ce concerning this matte	r to the following:	
Jeffrey M. Davis			
	Name of	Person	
Meyer Capel			
	Firm/Con	npany	
306 W. Church St			
	Addr	ress	
Champaign			e- 3
Champaign	City/State ε	ind Zip code	
jdavis@meyercapel.com			
E-r	nail address: (to be used	for future annual report not	ification)
For further information conce	ning this matter, please	call:	- <del>- 1</del>
			<b>:</b>
Jeffrey M. Davis at (217 ) 352-1800			
Name of Person	Area Coc		ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
~	LORIDA DEPARTMEN	T OF STATE.  □ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified 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.

I. ESSCLEAN, IN	√C.			
(Enter name of c	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)	
2. ILLINOIS	3. 3	7-1348759		
(State or country under the law of which it is incorporated)				
4. 2/14/1996	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
6.				
-	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150			
		2, 17.5., to determine penalty habitity)		
7. 2406 E Universit	y Ave, Urbana, IL 61802 (Principal office	street address)		
	(Timespair Office	<u>sirver</u> address;		
	(Current mailing	address, if different)	<u> </u>	
	_		*	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Corporation Service Company			
name.	Corporation Service Company			
Office Address:	1201 Hays Street		"(\) 	
	Tallahassee	. Florida <u>32301</u>	-	
	(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.

Aleya Smith Aleya Smith, Assistant Secretary
(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.

A. DIRECTORS	. ,					
[]Chairman	Name: Paul W. Taylor	<b>D</b> Chairman	Name: Andrea Taylor			
□Vice Chairman	Address: 306 Silver Lake Ct	[TVice Chairman	Address: 306 Silver Lake Ct			
■Director	Savov, II, 61874	Director	Savoy, II. 61874			
■President		FiPresident				
1 IVice President		■ Vice President				
! ISecretary	<b>■</b> Treasurer	<b>■</b> Secretary	<sup>1</sup> !Treasurer			
L.Other	UlOther	□Other	ClOther			
l' IChairman	Name:	□Chairman	Name:			
∐Vice Chairman	Address:	ElVice Chairman	Address:			
! IDirector		□Director				
{   President		Il President				
L IVice President		LIVice President				
ElSecretary	l !Treasurer	. !Secretary	El Treasurer			
DOther		□Other	•			
DChairman	Name;	L)Chairman	Name:			
LJVice Chairman	Address:	: IVice Chairman	Address:			
i_Director		ElDirector				
□President		<b>ElPresident</b>				
IVice President		DVice President				
[TSecretary	(ATreasurer	IlSecretary	ElTreasurer			
[]Other		TOther				
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.						
12.	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.  Paul W.Taylor, President.						

### File Number

5871-714-2



# 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

ESSCLEAN, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 14, 1996, 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 23RD day of DECEMBER A.D. 2020.

Authentication #: 2035802538 verifiable until 12/23/2021

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

Desse White

SECRETARY OF STATE