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COVER LETTER

TO: Registration Section Division of Corporati	ons		
1 - 12 15 - 15			
SUBJECT: James F. Best, P		- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good Stan	ding" and check are subr	t Business in Florida," nitted to register the
Please return all corresponden	ce concerning this matter	to the following:	
Lori A. Vanderlaan	-	•	
	Name of	Person	
James F. Best, P.C.			
	Firm/Com	pany	
9453 Livorno Court			
	Addre	'SS	
Naples, FI. 34119			~`
City/State and Zip code			
Lvanderlaan@bestfirm.com			· · ·
E-r	nail address: (to be used f	or future annual report no	otification)
For further information conce	rning this matter, please c	ail:	. 7
Lori A. Vanderlaan 630 36.		363-8074	7:
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	retion rporations
	LORIDA DEPARTMENT	OF STATE 9 \$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.

ш., со., с	orp," "Inc," "Co," or "Corp.")		
James F. Best P	rofessional Corporation		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)
Illinois		36-4332691	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applical	ole)
12/9/1999			
(Date	of incorporation) 5.	(Date of duration, if other than p	erpetual)
None			
	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,1501)	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
4851 Tamiami Ti	rail North Suite 200 Naples, FL 34103		
······································	(Principal offi	ce <u>street</u> address)	
9453 Livorno Co	ourt Naples, FL 34119		
	(Current mailir	g address, if different)	
	(caren mam	ig address, it different)	
	(curen mani	g address, it different)	
Name and street	et address of Florida registered agent: (P.C	•	
Name and stree		•	~.s
Name:	et address of Florida registered agent: (P.C Lori A. Vanderlaan	•	
Name:	et address of Florida registered agent: (P.C Lori A. Vanderlaan 9453 Livomo Court	D. Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.C Lori A. Vanderlaan 9453 Livomo Court	D. Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.C Lori A. Vanderlaan 9453 Livomo Court	•	
Name: ffice Address: Registered age	Lori A. Vanderlaan 9453 Livorno Court Naples (City)). Box <u>NOT</u> acceptable), Florida 34119(Zip code)	Trong the First
Name: Fice Address: Registered againg been name	Lori A. Vanderlaan 9453 Livorno Court Naples (City) ent's acceptance: ed as registered agent and to accept servi	D. Box NOT acceptable) , Florida 34119(Zip code) ce of process for the above stated corp	ooration at the pl
Name: Tice Address: Registered agaiving been names signated in this	Laddress of Florida registered agent: (P.C Lori A. Vanderlaan 9453 Livorno Court Naples (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoint	D. Box NOT acceptable) , Florida	uct in this canaci
Name: ffice Address: Registered agaving been namesignated in this rther agree to c	et address of Florida registered agent: (P.C. Lori A. Vanderlaan 9453 Livorno Court Naples (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r	D. Box NOT acceptable) , Florida \(\frac{34119}{\text{(Zip code)}} \) Ce of process for the above stated corporate as registered agent and agree to delative to the proper and complete per	uct in this canaci
Name: ffice Address: Registered agaving been namesignated in this orther agree to c	Laddress of Florida registered agent: (P.C Lori A. Vanderlaan 9453 Livorno Court Naples (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoint	D. Box NOT acceptable) , Florida \(\frac{34119}{\text{(Zip code)}} \) Ce of process for the above stated corporate as registered agent and agree to delative to the proper and complete per	uct in this canaci
Name: ffice Address: Registered agraving been namesignated in this arther agree to c	et address of Florida registered agent: (P.C. Lori A. Vanderlaan 9453 Livorno Court Naples (City) ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r	D. Box NOT acceptable) , Florida \(\frac{34119}{\text{(Zip code)}} \) Ce of process for the above stated corporate as registered agent and agree to delative to the proper and complete per	uct in this canaci

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.

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

A. DIRECTORS: Lori A. Vanderlaan □ Chairman □Chairman Name: Name: 9453 Livorno Court ☐ Vice Chairman Address: ☐ Vice Chairman Address: Naples, FL 34119 Director □Director President □ President □ Vice President □ Vice President □Treasurer □ Secretary □Treasurer Secretary □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 _____ Name: □ Chairman □ Chairman □Vice Chairman Address: Address: □ Vice Chairman □ Director □ Director □President President ☐ 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. 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

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

s.817.155, F.S.

Lori A. Vanderlaan, President

File Number

6079-784-6



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

JAMES F. BEST, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 1999, 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 28TH day of DECEMBER A.D. 2020 .

Authentication #: 2036303876 verifiable until 12/28/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE