F21000000739

(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:			
Email from Scott			
Email from Scott' to add title "p"			
2/6/21			

Office Use Only



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10 C/2

COVER LETTER :

TO: Registration Section Division of Corporation	s		
SUBJECT: 800Link, Inc.			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Cabove referenced foreign corpor	Certificate of Good Stand	ling" and check are submitte	
Please return all correspondence	concerning this matter	to the following:	
Scott Beil			
	Name of F	erson	
800LiNK, Inc.			
	Firm/Comp	pany	
4603 Inverness Dr.			
	Addre	SS	
Leesburg, FL 34748			~`
	City/State an	d Zip code	
sbeil@800link.com			<u> </u>
E-mail address: (to be used for future annual report notification)			cation)
For further information concern	ing this matter, please co	all:	
Scott Beil	618 at (222-8150 x 310	:
Name of Person	Area Code	Daytime Telephone	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	
	DRIDA DEPARTMENT		\$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.

800Link, Inc.				
(Enter nam	ne of corporation; must include "INCORPORATED," - o.," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
800Link F	L. Inc.			
(If name u	navailable in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)		
2. II.	3 45	3. 43-1864221 (FEI number, if applicable)		
(State or e	country under the law of which it is incorporated)	(FEI number, if applicable)		
4. Oct. 5, 19	99			
·	(Date of incorporation) 5.	(Date of duration, if other than perpetual)		
6.				
·	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502	lorida, if prior to registration) , F.S., to determine penalty liability)		
7. 614 E Hwy	50, #301, Clermont, FL 34711			
	(Principal office	street address)		
	(Current mailing :	address, if different)		
8. Name and	d street address of Florida registered agent: (P.O. l	Box NOT acceptable)		
Nar	ne: Scott Beil	·.		
Office Addre	ess: 4603 Inverness Dr.	· 		
	Leesburg	Florida 34748		
	(City)	(Zip code)		
9. Registere	ed 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.

A. DIRECTORS Scott Beil Name: Name: _____ □Chairman □ Chairman 4603 Inverness Dr. Address: ☐ Vice Chairman Address: _____ □ Vice Chairman Leesburg, FL 34748 □ Director □ Director □President **₩**President ☐ Vice President □ Vice President ___ ☐ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _ _ _ □Other _____ □Other ____ □Chairman □Chairman Name: Name: ______ □Vice Chairman Address: ______ ☐ Vice Chairman Address: _____ □ Director □ Director ☐ President □President ☐Vice President □ Vice President _______ □Treasurer □Treasurer □ Secretary ☐ Secretary □Other _____ □Other ___ □Other __ □Other _____ Name: _____ □ Chairman □Chairman Name: _ _ _ _ __ Address: _____ □ Vice Chairman 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 s.817.155, F.S.

Scott Beil, President

File Number

6070-857-6



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

800LINK, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 05, 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 21ST day of JANUARY A.D. 2021

Authentication #: 2102103438 verifiable until 01/21/2022 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE