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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Capsim Management	Simulations, Inc.		
	Name of corporation	- must include suffix	_
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Stan	ding" and check are submit	
Please return all correspondence co	encerning this matter	to the following:	202
Richard L. Weiss			
	Name of	Person	د <u>د</u>
Richard L. Weiss & Associates Ch	artered		9
1 180 8	Firm/Com	pany	
801 Skokie Boulevard, Suite 220			77.7
	Addre	ess	O1
Northbrook, IL 60062			
	City/State a	nd Zip code	
rweiss@rlwalaw.com			
E-mail a	address: (to be used f	or future annual report not	ification)
For further information concerning	this matter, please c	all:	
Richard L. Weiss	847	207-9776	
Name of Person	Area Code	e Daytime Telephor	ne Number
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion forations
-	IDA 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.

N/A				- FI - 1.1	
Illinois	able in Florida, enter alternate corporate name		business in	i Floria	a)
· (State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
02/25/1991					
(Date	(Date of incorporation) 5. (Date of duration, if other than		n perpetual)		—
N/A					
		n Florida, if prior to registration) 502, F.S., to determine penalty liability	.)	202	
	Suite 3210, Chicago, Illinois 60603			77	¢
	(Principal off	fice street address)		ੋਹ ਤ ।	-
				φ] ::
	(Current maili	ng address, if different)		٦. ٦.	;
. Name and <u>stree</u>	et address of Florida registered agent: (P.G	O. Box <u>NOT</u> acceptable)		ડઃ 15	1
Name:	Daniel C. Smith				
ffice Address:	2110 North Ocean Blvd., Unit 22A				
	Fort Lauderdale	, Florida			

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.

A. DIRECTORS Daniel C. Smith Name: □Chairman Name: □ Chairman 2110 North Ocean Blvd.,Unit 22A Address: □Vice Chairman ☐ Vice Chairman Address: Fort Lauderdale, Florida 33305 ■ Director □Director President □ President □Vice President _____ ☐ Vice President ■ Treasurer ■ Secretary □ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: 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: ____ Name: _____ □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □Director □President □President □ Vice President ______ ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □ Other _____ Important Notice: Use an attachment to report more than its (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the jugex 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.

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

Daniel C. Smith, 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

CAPSIM MANAGEMENT SIMULATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 25, 1991, 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 26TH day of JANUARY A.D. 2021 .

Authentication #: 2102603392 verifiable until 01/26/2022 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE