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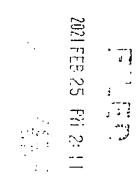
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COVER LETTER

TO:	Registration Section Division of Corporations				
SHRJ	ECT: Jo Palma Partners Corpora	tion			
0.000		of corporation -	- must include suffix	-	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Stand	ling" and check are submitte		
Please	return all correspondence concerni	ing this matter t	to the following:	29	
Richard E. Steck			2921 7 15		
-		Name of P	erson	(3	
Jo Palma ÷ Partners Corporation					1 1
-		Firm/Comp	pany	7	
140 South Dearborn, Suite 1510				.40 b	
		Addres	is s		- -
Chicag	go,IL 60603				
		City/State an	d Zip code		
Airste	ck@usa.net				
	E-mail address	s: (to be used fo	or future annual report notifi	cation)	
For fu	rther information concerning this n	natter, please ca	II:		
Richar	Name of Person at (312) 236-4200 Area Code Daytime Telephone Number				
	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		Registration Section Division of Corpor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	sed is a check for the following amomake check payable to: FLORIDA DI 0.00 Filing Fee \$78.75 Filin Certificate of	EPARTMENT (ig Fee &		\$87.50 Filing Federal	

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.

1	·	rtners Corporation						
	(Enter name of "Inc.," "Co.," "C	corporation: must include "INCORPORATED," Corp," "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATION,"					
	Jo Palma + Par	tners Chartered						
	(If name unavai	lable in Florida, enter alternate corporate name a	idopted for the numose of transacting b	Heimece /	in Elori	day		
2.	Illinois	3	82-3732362	u3111033 1	n rion	uaj		
4.	(State or country under the law of which it is incorporated) (FEI number, i September 13, 2017							
4. (Date of incorporation) 5. (Date of duration, if other than 6.						n perpetual)		
7	1146 W Kinzie	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) Ave. #102. Chicago, IL 60642	Florida, if prior to registration) 12, F.S., to determine penalty liability)		2021 5			
	(Principal office street address)				- 25 - 25 - 25	:		
			address, if different)		P3: 2:			
8.	Name and stree Name:	et address of Florida registered agent: (P.O. Malcolm D. Herzog	Box NOT acceptable)					
Offi	fice Address:	104 Paloma Dr. Coral Gables FL 33143	_					
		Coral Gables	Florida 33143					
		(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.

(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 Name: JOSE MARCOS PALMA. □ Chairman □ Chairman 400 NORTH MAY STREET Address: □ Vice Chairman Address: ☐ Vice Chairman SUITE 102 Director □Director CHICAGO, IL 60642 □President President □ Vice President □ Vice President ☐ Treasurer □Treasurer □ Secretary ■ Secretary □Other ____ Other _____ □Other _____ ☐Other ______ □Chairman □ Chairman Name: _____ Address: □ Vice Chairman Address: ____ □ Vice Chairman □Director □ Director □President □President □ Vice President Treasurer □Treasurer □ Secretary □ Secretary □Othçî, □Other ____ □Other _____ ☐ Other _____ ☐ Chairman □Chairman Address: ____ □Vice Chairman Address: ______ ☐ Vice Chairman □ Director □Director □President □President □ Vice President □ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary □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. jo palma 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. Jose Marcos Palma, President (Typed or printed name and capacity of person signing application)

File Number

7146-768-6



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

JO PALMA + PARTNERS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED, UNDER THE LAWS OF THIS STATE ON SEPTEMBER 13, 2017, 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 16TH

day of FEBRUARY A.D. 2021

Authentication #: 2104702678 verifiable until 02/16/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE