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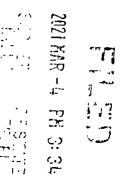
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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3 COVER LETTER

TO: Registration Section Division of Corporations	
ELM TOWN EQUIPMENT SERVICES, IF SUBJECT:	NC.
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
MICHAEL PERRINO	202
Name of	Person - TS
Firm/Cor	npany
6618 THE MASTERS AVE.	PH A
Addi LAKEWOOD RANCH, FL 34202	
	ind Zip code
Cindyperrino	for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Michael Perrino) 655-436b
Name of Person Area Coc	
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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	COF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

ELM TOWN E	EQUIPMENT SERVICES, INC.
	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc," "Co," or "Corp.")
(If name unavail	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
ILLINOIS 2.	3. <u>36-4402007</u>
10-16-2000	ry under the law of which it is incorporated) (FEI number, if applicable)
(Date	c of incorporation) (Date of duration, if other than perpetual)
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7	799 S. Euclid Elmhurst, IL 60126+
6618 THE MAS	(Principal office <u>street</u> address) TERS AVE., LAKEWOOD RANCH, FL 34202
	(Current mailing address, if different)
8. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Michael Perrino
Office Address:	6618 The Masters Ave
	Lakeward Ranch Florida 34202 (Zip code)
Having been nam lesignated in this further agree to co	ent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my dutie 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.

	MICHAEL PERRINO		
□ Chairman	Name:6618 THE MASTERS AVE.	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	LAKEWOOD RANCH FL 34202	□Director	
President		□President	
□Vice President		□ Vice President	
☐ Secretary	Treasurer	☐ Secretary	Treasurer
□Other	Other	□Other	
□ Chairman	TIMOTHY P MCHUGH	□ Chairman	Norman
	360 W BUTTERFIELD RD		Name:
□ Vice Chairman □ Director	Address:SUITE 300	□Vice Chairman □Director	Address:
□President	ELMHURST IL 60126	□President	至著可
☐ Vice President		□Vice President	
Secretary	☐ Treasurer	☐ Secretary	Treasurer W
□ 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
mportant Notice: Undividuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Rep	for reporting purposes only. Non-indexed out form.

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.

MICHAEL PERRINO 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

ELM TOWN EQUIPMENT SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 16, 2000, 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 FEBRUARY A.D. 2021 .

Authentication #: 2105701596 verifiable until 02/26/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE