F21000001608

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W31000034180

Office Use Only

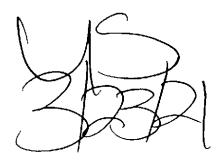


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RECEIVED FEB 2 5 2021







FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2021

PATRICIA L NORRIS 913 S. KAY AVENUE ADDISON, IL 60101

SUBJECT: THYBAR CORPORATION

Ref. Number: W21000034180

We have received your document for THYBAR CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 421A00005367

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Thybar Corporation					
Name Name	e of corporation	- must include suffix	-		
Dear Sir or Madam:					
The enclosed "Application by Foreign C "Certificate of Existence," or "Certifica above referenced foreign corporation to	ite of Good Stand	ding" and check are submitt	usiness in Florid ed to register the	la," e	
Please return all correspondence concer	ming this matter	to the following:			
Patricia L Norris					_
	Name of I	Person		202	-
Thybar Corporation				2021 KI	بين
	Firm/Com	pany		元 [2]	44-4
913 S Kay Avenue				23	- ~=:
	Addre	rss	- から 1円15 1円15	-P	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Addison, IL 60101			; : : : : : : : : : : : : : : : : : : :	<u> </u>	معند
	City/State ar	nd Zip code	D'	2	
tnorris@thybar.com			w	_	_
E-mail addre	ess: (to be used f	or future annual report noti	neation)		
For further information concerning this	matter, please c	all:			
Patricia I. Norris	at (<u>630</u>	691-6765			
Name of Person	Area Code	e Daytime Telephon	e 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			
Enclosed is a check for the following a Please make check payable to: FLORIDA S70.00 Filing Fee S78.75 Fi Certificat	DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Certificate of Certified Cop	Status	s &

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.

Thybar Corpora	tion			
	orporation; must include "INCORPORATED;" orp," "Inc," "Co," or "Corp.")	""COMPANY," "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)	
2. Illinois	3.	36-2419790		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	(ble)	
4. 08/21/1959	5.			
4. (Date of incorporation)		(Date of duration, if other than perpetual)		
6.			20	
	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	21 MAR.	
7. 1250 Union Stree	et West, Jacksonville, FL 32204		2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
913 S Kay Aven	(Principal offi ue, Addison, IL 60101	ice <u>street</u> address)	HA P	
	(Current mailir	ng address, if different)	PR 2: 45	
8. Name and street	<u>et address</u> of Florida registered agent: (P.C). Box NOT acceptable)		
Name:	Frank Perez			
Office Address:	1000 Island Point Drive, Unit 509			
	Jacksonville	, Florida 32218		
	(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)

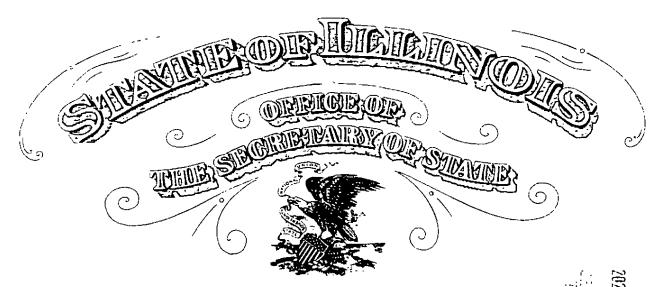
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			B				
□Chairman	Name:	□Chairman	Patricia I. Norris Name:				
□Vice Chairman	Address: 440 W Kay Avenue	□Vice Chairman	Address:				
Director	Addison, IL 60101	■Director	Addison, IL 60101				
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary	Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman	A. Alexanor				
□Director		□Director	7021 AR				
□President		□President					
		_	- 23				
		□Vice President					
□Secretary	☐ Treasurer	□Secretary	□!Treasurer 2				
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				
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. 12. Signature of Director or Officer							

The officer or director signing this document (and who is fisted 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.

File Number

3909-265-4



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

THYBAR CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1959, 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 23RD day of FEBRUARY A.D. 2021 .

Authentication #: 2105402658 venfiable until 02/23/2022

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE