F21000003439

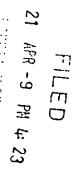
(Reque	stor's Name)	
(Addres	is)	
(Addres	is)	
(City/St	ate/Zip/Phone #)	-
PICK-UP] WAIT	MAIL
(Busine	ss Entity Name)	
(Досип	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	





700363639797

04/09/21--01015--004 **78.75





COVER LETTER

TO:		tration Secti ion of Corpo						
SUBJ	ECT:	WISE EYE	S BOOKKEEPIN	IG, INC.				
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ .		Name	of corporation	- must i	nclude suffix	_	
Dear S	ir or M	adam:						
"Certif	icate o	Existence,		of Good Stan	ding" ar	nd check are sub		iness in Florida," I to register the
Please	return	all correspoi	ndence concern	ing this matter	to the f	ollowing:		
RITA V	W. GAF	RY, ESQ.						
		- -		Name of	Person			
ROBBI	INS, SA	LOMON &	PATT, LTD.					
-				Firm/Com	pany			
180 N.	LA SA	LLE ST. ST	E 3300					
				Addre	SS			
CHICA	AGO, IL	60601						
				City/State at	nd Zip c	ode		
ray@w	iseeyes	bookkeeping.						
			E-mail address	s: (to be used f	or futur	e annual report r	notific	ation)
For fur	ther in:	formation co	oncerning this n	natter, please c	all:			
RITA V	W. GAF	RY, ESQ.		at (312	782-	9000		
	Nam	e of Person		Area Code	-/ :	Daytime Telep	hone l	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					
Please r	make ch	eck payable t	e following amos: FLORIDA D \$78.75 Filir Certificate	EPARTMENT ig Fee &	\$78.75	ATE Filing Fee & ied Copy		\$87.50 Filing Fee, Certificate of Status & Certified Copy

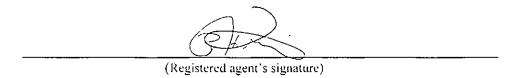
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1. WISE EYES BO	OOKKEEPING, INC.				
	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	٧."		
					
(If name unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting	ig business	in Flo	rida)
2. ILLINOIS	2				
2. (State or country under the law of which it is incorporated)		82-5307.725 (EEL number if applicable)			
	y under the law of which it is incorporatedy	(11.1 Ramber, 11 ap	meancy		
4. 04/17/2018	5.				
(Date	of incorporation)	(Date of duration, if other	than perpet	ual)	
	·		• •		
6					
	(Date first transacted business in Flo				
	(SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty habili	ity)		
2417 LAKEWOO	OD RANCH BLVD. NORTH UNIT 4201 SARA	ASOTA, FL 34240			
/·	(Principal office s	treet address)			
	(p <u>-</u>				
			· · · ·	~~	
	(Current mailing ac	ldress, if different)	; 	_	
			<u> </u>	ÆPR	7
0. 11	4 14 m 6 11 34 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	· MOT ··································			
8. Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	- € ! : 1 <i>e</i>	9	Ш
Name:	RAYMANDA FLODEN		[1]	¥	Ö
Name:		<u> </u>	24		_
Office Address:	2417 LAKEWOOD RANCH BLVD. N #4201		台標	£	
Office Address.		_	>*	23	
	SARASOTA	, Florida 34240			
	(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.



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				
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 2417 LAKEWOOD RANCH	□Vice Chairman	Address:	
■Director	BLVD. UNIT 4201	Director		
■President	SARASOTA, FL 34240	□President		
□Vice President		□Vice President		
■ Secretary	Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
	N	Chairman	Norwe	
□ Chairman	Name:	□ Chairman		- 1800 ·
	Address:			
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□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
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of the control o	ent of State Annual Ro	eport form.	
12	Signature of Director	or Officer		
The officer or direction is aware that fas.817.155. F.S.	etor signing this document (and who is listed in numb alse information submitted in a document to the Depar	tment of State constitu	nat the facts state ates a third degre	ed herein are true and that he or see felony as provided for in
13	Raymanda Floden, P	resident		

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

File Number

7179-780-5



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

WISE EYES BOOKKEEPING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 17. 2018, 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 5TH

day of

APRIL

A.D. 2021

Authentication #: 2109502048 verifiable until 04/05/2022 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE