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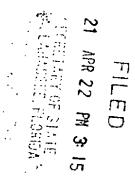
(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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6318 Kingsbridge Drive, Cary, Illinois 60013 Office: 847.639.9600 www.LoVerdeLaw.com

Vito P. LoVerde Direct: 847.639.9600 VPL@LoVerdeLaw.com Susan M. Narimatsu Direct: 630.762.1197 SMN@LoVerdeLaw.com

Sent via U.S. Mail

April 16, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

Butler Scanning South, Inc., an Illinois Corporation

Application for Authority

Dear Sir or Madam:

Enclosed for filing with your office, in duplicate, is an Application for Authority for the above-named Illinois Corporation as well as the Cover Letter, and a current Certificate of Good Standing issued from the Illinois Secretary of State.

Our firm's check in the amount of Seventy Dollars and No Cents (\$70.00) is attached hereto.

Once the documents have been accepted and filed, please return the file-stamped duplicate copy to me in the prepaid self-addressed envelope enclosed.

If any additional information or documentation is required, I would appreciate if you would contact me directly.

Very truly yours,

Vito P. LoVerde

**Enclosures** 

VPL/amy

### COVER LETTER

	on of Corporations				
SUBJECT:	Butler Scanning South, Inc.				
	Name of corporation - must include suffix				
Dear Sir or Ma	adam:				
"Certificate of	"Application by Foreign Co Existence," or "Certificate and foreign corporation to to	of Good Stan	ding" and check are sub-	et Business in Florida," mitted to register the	
Please return a	ill correspondence concerni	ing this matter	to the following:		
Vito P. LoVerd	e				
		Name of	Person		
The Law Office	of Vito P. LoVerde				
		Firm/Com	pany		
6318 Kingsbrid	ge Drive				
		Addre	ss		
Cary, Illinois 60	0013				
	<del></del>	City/State ar	nd Zip code		
VPL@LoVerde					
	E-mail address	: (to be used f	or future annual report n	otification)	
For further info	ormation concerning this m	atter, please c	all:		
Vito P. LoVerd	e	847 at (	639-9 <del>6</del> 0(I		
Name	of Person	Area Code	Daytime Teleph	none Number	
Regist Division The Co 2415 S	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 assee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection proprations	
Enclosed is a c Please make che ■ \$70.00 Film	heck for the following amo ck payable to: FLORIDA DF ng Fee	EPARTMENT g Fec &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 667,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Butler Scanning	g South, Inc.			
	corporation; must include "INCORPORATED." (orp.," "Inc." "Co " or "Corp.")	"COMPANY," "CORPORATION,"		
(H'name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
. Illinois 86-2741354		6-2741354		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. March 14, 2021 5. Perp		erpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6. Date of Registra				
	(Date first transacted business in F (SEE SI CTIONS 607.1501 & 607.450)			
738 E. Park Aver	nue, Libertyville Illinois 60048			
	(Principal office	street address)		
6318 Kingsbridg	e Drive, Cary, II mois 60013			
	(Current mading)	address, if different)		
8. Name and street	et acdress of Florida registered agem; (P.O. l	Box NOT acceptable)		
Name:	C F Corporation System			
Office Address:	1200 S. Pine Island Road, Suite 250			
	Plantation	, Florida <u>33324</u>		2
	(Спу)	(Zip code)		
9 Registered ac	ent's acceptance:			APR
Having been nun	ted as registered agent and to accept service	of process for the above stated corporation at the place		~
designated in this further agree to c	application. I hereby accept the appointment omply with the provisions of all statutes rela	nt as registered agent and agree to act in this capacity. I utive to the proper and complete performance of my duties,	f" : ?	2
and I am familia	with and accept the obligations of my posit	ion as registered agent,		32
	111/1		- 全五	ယ္
	17 W/W	David Westcott, Assistant Secretary	>	25
	(Registered agent's sign	ature) *		٠,

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.

11. For initial indexing purposes, 1st names, titles and addresses of the primary officers and/or directors [up to six (6) total].

A. DIRECTORS					
∏Chairman	Name,	□ Chairman	Name: Vito P. LoVerde		
□Vice Chairman	Address 738 E. Park Avenue	□Vice Chairman	Address:		
■Director	Libertyville, Illinois 60048	□Director	Cary, Illinois 60013		
President		□President			
□Vice President		□Vice President			
■ Secretary	■ Freasurer	☐ Secretary	☐ Treasurer		
□Other	Other	Other Asst. Sect	Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
□ Sccretary	Treasurer	☐ Secretary	Treasurer		
CiOther		□Other	Other		
□Chairman	Name:	□Chairman	Name:		
⊟Vice Chairman	Address;	□Vice Chairman	Address:		
Director		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	7 Freasurer	□ Secretary	Treasurer		
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.					
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 8.817,155, F.S.					
13. Vito P. LoVerde, Assistant Secretary  (Typed or printed name and capacity of person signing application)					
(1) year or printed name and capacity of person signing application)					

### File Number

7319-515-2



# 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

BUTLER SCANNING SOUTH, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 14, 2021, 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 APRIL A.D. 2021 .

Authentication #: 2110601938 verifiable until 04/16/2022
Authenticate at: http://www.cyberdnveillinois.com

Desse White

SECRETARY OF STATE