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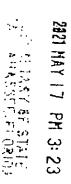
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# 2021 HAY 17 PM 3

### COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Gibbons, Fortman & Associates, LTD.			
SOBJECT.	Name of corporation - must include suffix			
Dear Sir or M	Aadam:			
"Certificate o	"Application by Foreign Corporation for Authorization to Transact of Existence," or "Certificate of Good Standing" and check are submitted foreign corporation to transact business in Florida.	Business in Florida," itted to register the		
Please return	all correspondence concerning this matter to the following:			
Scott Fortman				
<del>.</del>	Name of Person	<del></del>		
Gibbons, Forti	man & Associates, LTD			
<u> </u>	Firm/Company	ir ig		
900 N. Frankli	in Street, Suite 612	, 19 да: 19		
	Address	10   10   10   10   10   10   10   10		
Chicago, IL 60	0610			
	City/State and Zip code	1, 71		
jhayes@gibbo	onsfortman.com	9,5		
	E-mail address: (to be used for future annual report no	tification) 👼 🗖		
For further in	nformation concerning this matter, please call:			
Anthony Jacol	bat () 704-2105	704-3105		
Nam	at () ne of Person Area Code Daytime Telepho	one Number		
Regi: Divis The 0 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303  MAILING AD Registration Sec Division of Corp. P.O. Box 6327 Tallahassee, FL	ction porations		
Enclosed is a Please make of S70.00 File	i check for the following amount: heck payable to: FLORIDA DEPARTMENT OF STATE ling Fee	☐ \$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.

	an & Associates, LTD.		
	orporation; must include "INCORPORATED," ' orp," "Inc," "Co." or "Corp.")	'COMPANY," "CORPORATION,"	
Gibbons, Fortma	an & Associates, LTD. Corp.		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)
Illinois	3		
2. (State or country under the law of which it is incorporated) (FEI number, if appl			able)
4. (Date	of incorporation)	(Date of duration, if other than perpetual)	
6.			
o	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
7 900 N. Franklin S	Street, Suite 612, Chicago, IL 60610		
<i>'</i>	(Principal office	street address)	
	(Current mailing	address, if different)	
			21
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Anthony Jacob	<del>_</del>	2021 HAY 17 2021 HAY 17 2017 \$6 344 AY
Office Address:	One East Broward Blvd., Suite 1010		17 PH
	Ft. Lauderdale	Florida 33301	:
	(City)	(Zip code)	₹ <b>5</b>
Having been nan designated in this further agree to c and I am familian	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme comply with the provisions of all statutes relatives and accept the obligations of my position.  (Registered agent's sign	nt as registered agent and agree to ative to the proper and complete policy as registered agent.	o act in this cupacity. I erformance of my duties, –
10. Attached is a	certificate of existence duly authenticated, n	ot more than 90 days prior to delive	ery of this application to

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
<b>■</b> Chairman	Scott Fortman Name:	□Chairman	Name:	
□Vice Chairman	Address:Address:	□Vice Chairman	Address:	
■ Director	Chicago, IL 60610	□Director		
■ President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other	<del></del>	□Other
□Chairman	Nick Peterson	□Chairman	Name:	
□Vice Chairman	4850 Tamiami Trail	□Vice Chairman	Address:	
Director	Suite 301	☐ Director		
□President	Naples, FL 34108	□President		
₩ Vice President		□ Vice President		
□ Secretary	☐Treasurer	□Secretary		☐Treasurer 22
Other	□Other	□Other	<u>.</u>	□Other
□Chairman	Name:	□Chairman	Name:	17 PI
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		## IV
□President		□President		
□ Vice President		□Vice President		
Secretary	Treasurer	Secretary		☐ Treasurer
□Other		□ Other		□Other
Important Notice: individuals may b	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	chment will be image nt of State Annual R	ed for reporting pleport form.	urposes only. Non-indexed
12.		r Officer		
she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Department, President	r 11 above) affirms t	hat the facts state utes a third degre	d herein are true and that he or e felony as provided for in

#### File Number

6083-883-6



## 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

GIBBONS, FORTMAN & ASSOCIATES, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 30, 1999, 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 14TH day of MAY A.D. 2021 .

Authentication #: 2113402372 verifiable until 05/14/2022

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

Desse White

SECRETARY OF STATE