F2100003582

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danimark Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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JUN 28 2021 M. SOLOMON

COVER LETTER

	gistration Section Tision of Corpora					
SUBJECT	Yandina Mada					
30DJEC I	•	Name of	corporation -	- must inc	lude suffix	
Dear Sir or	Madam:					
"Certificate		or "Certificate of	f Good Stand	ling" and	check are sub	et Business in Florida." mitted to register the
Please retur	n all correspond	ence concerning	this matter t	to the follo	owing:	
Lisa D. Ando	erson					
			Name of P	erson		
Anchor Mee	hanical, Inc.					
			Firm/Comp	oany		
255 N. Calif	ornia Ave					
			Addres	SS		
Chicago, II.	60612					
			City/State and	d Zip cod	<u> </u>	
etrosner@ya	thoo.com					
	ŀ	-mail address: (to be used fo	or future a	nnual report r	otification)
For further	information con	cerning this mat	ter, please ca	ıll:		
Lisa D. And	ferson 847 894-5425					
Na	me of Person		Area Code	D	aytime Telep	hone 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		
	a check for the check payable to: Filing Fee		ARTMENT OF SECOND		iling 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.

	orporation: must include "INCORPORATED." orp," "Inc," "Co." or "Corp,")	"COMPANY." "CORPORATION."			
Anchor, Inc.					
(If name unavails	ible in Florida, enter alternate corporate name a	idopted for the purpose of transacting b	usiness in Florida)		
Illinois 3. 36-4248861 (State or country under the law of which it is incorporated) (FEI number, if applicable)					
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
August, 1998	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)			
255 N. California	Ave, Chicago, IL 60612				
	(Principal offic	re <u>street</u> address)			
	(Current mailing	g address, if different)			
Name and <u>stree</u>	et address of Florida registered agent: (P.O Leo Minne	. Box <u>NOT</u> acceptable)	JUN 25 PM 2: 01		
Name:	Leo Minne		्री केंद्र वा मुर्दे		
Office Address:	24817 Ravello St.		STAIL O		
	Land O Lakes	, Florida <u>34639</u>	हैं? (* 1 <u>* *</u> *#*		
	(City)	(Zip code)			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corpò ion at the place designated in this application. I hereby accept the appointment as registered agent and agree to acom 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	Michael E. Roman	□Chairman	Nunve		
	Name: 255 N. California Ave		Name:		
	Address: Chicago, IL 60612	□ Vice Chairman			
Director	11)4	□ Director			
■ President		['] □President			
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer	
□Other		□Other		□Other	
	Name:	□Chairman _			
	Address:		Address:		
Director		□Director			
□President		□President	-		
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer 🔀	
□Other		□Other		Other S	
	Name:	□Chairman	Name:	25 PH 2:1	
□Vice Chanman	Address:	□Vice Chairman	Address:	<u> </u>	
□Director		□Director			
□President		□Presidem			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
The officer or dires she is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). To added to the index when filing your dorida De Signature of Director signing this document (and who is listed in a document to the land).	partment of State Annual Re ector or Officer number 11 above) affirms th	port form.	ed herein are true and that he or	

File Number



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

ANCHOR MECHANICAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THIS STATE ON AUGUST 28, 1998, APPEARS TO HAVE COMPLIED WITH

ANCHOR MECHANICAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS THE LAWS OF THIS STATE ON AUGUST 28, 1998, APPEARS TO HAVE COMPLIED WITH OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE. ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this day of A.D.

Authentication #: 2115200292 verifiable until 06/01/2022 Authenticate at: http://www.cyberdriveillinois.com

Desse White SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2021

LISA D. ANDERSON ANCHOR MECHANICAL, INC. 255 N. CALIFORNIA AVE CHICAGO, IL 60612 US

SUBJECT: ANCHOR MECHANICAL, INC.

Ref. Number: W21000080919

We have received your document for ANCHOR MECHANICAL, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon Senior Section Administrator

Letter Number: 221A00012174

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www.sunbiz.org