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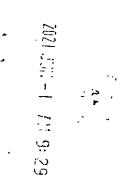
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Special Instructions to	Filing Officer:	





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### **COVER LETTER**

	tration Section on of Corpora					
SUBJECT:	ALGAT EN	TERPRISES INCORPORA	TION			
SUBJECT		Name of corporation	on - mu	st include suffix		
Dear Sir or M	adam:					
"Certificate of	Existence," of	by Foreign Corporation for "Certificate of Good St rporation to transact busing	anding'	and check are sub	et Business in Florida," mitted to register the	
Please return a	all correspond	ence concerning this matt	er to th	e following:		
KATARZYN	A PERZAN					
		Name o	of Perso	n		
TAXPOL DE	VON CORP.					
	<del></del>	Firm/Co	mpany			
2860 S. RIVER	RD #330					
		Ade	iress			
DES PLAINE	ES, IL 60018					
		City/State	and Zi	p code		
KASIA@TAX						
	E	E-mail address: (to be use	d for fu	ture annual report r	otification)	
For further in	formation con	cerning this matter, please	e call:			
KATARZYNA	PERZAN	at ( 773	) 2	83-8000  Daytime Telephone Number		
Nam	e of Person	Area Co	ode	Daytime Telepl	hone Number	
Regis Divis The C 2415	tration Section ion of Corpora Centre of Talla	ntions hassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	eck payable to:	following amount: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified 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 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of co	NTERPRISES INCORPORAT. ED orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting busi	ness in Florida)	
ILLINOIS		3	84-1815310		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
MAY 20, 2019		5.			
(Date of incorporation)		<b>J</b>	(Date of duration, if other than perpetual)		
LOGG PELIPROG	(SEE SECTIONS 607.1501 & 60	7.15	Florida, if prior to registration) 32, F.S., to determine penalty liability)		
1800 PEMBROO	K DR SUITE 300 # 3425 ORLANDO, FL				
1000 053400000	(Principal) K DR SUITE 300 # 3425 ORLANDO, F		e <u>street</u> address)		
			address, if different)		
	(Curem me	4144112	g address, if differently	202	
Name and street	et address of Florida registered agent: (	P.O	. Box NOT acceptable)	:	
Name:	ANDREW MINOSSORA	_		<u> </u>	
ffice Address:	1800 PEMBROOK DR SUITE 300 # 34	25		-	
	ORLANDO		, Florida 32810	9:2	
	(City)		(Zip code)	$\mathcal{L}$	

#### 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.

#### DocuSign Envelope ID: 68EE8F82-D4D0-4D91-8D5D-0C1FD742E005 A. DIRECTORS ANDREW MINOSSORA Name: \_\_\_\_\_ ☐ Chairman **■**Chairman 711 BECKER RD □Vice Chairman Address: □ Vice Chairman Address: GLENVIEW, IL 60025 □Director Director □ President President ☐ Vice President □ Vice President □ Treasurer Treasurer ☐ Secretary **■** Secretary ☐Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: ☐ Chairman Name: □Vice Chairman Address: \_\_\_\_\_ Address: ☐ Vice Chairman □ Director Director □ President □ President □ Vice President \_\_ □ Vice President ☐ Secretary []Treasurer □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other Name: □ Chairman Name: □ Chairman □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_\_ □ Director ☐ Director □President □President □Vice President □Vice President ☐ Secretary □ Treasurer ☐ 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 s.817.155, F.S.

ANDREW MINOSSORA - PRESIDENT

File Number

7232-916-3



## 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

ALGAT ENTERPRISES INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 2019, 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 25TH day of MAY A.D. 2021 .

Authentication #: 2114501642 verifiable until 05/25/2022 Authenticate at: http://www.cyberdriveillinois.com Desse White