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## **COVER LETTER**

TO:	-	istration Section ision of Corporations					
SUBJI	FCT:	KATHLEEN T. ZELLNER & ASSOC	IATES, P. CORP.				
3000	LCI.	Name of corporation - must include suffix					
Dear Si	ir or M	adam:					
"Certifi	icate of	"Application by Foreign Corporation" Existence," or "Certificate of Good ced foreign corporation to transact by	Standing" and cl	heck are submitt			
Please	return :	all correspondence concerning this n	natter to the follo	wing:			
RAY E.	. DEZE	RN, ESQ.					
		Nam	ne of Person				
HEEKU	N LAW	, P.A.					
		Firm	/Company				
4540 SC	OUTHS	IDE BLVD., STE. 202					
-			Address				
JACKS	ONVIL	LE, FL 32216					
		City/St	ate and Zip code				
RAY@	HEEKI	NLAW.COM					
		E-mail address: (to be u	ised for future an	nual report notif	fication)		
For fur	ther in	ormation concerning this matter, ple	ease call:				
RAY E. DEZERN, ESQ. at (904 Area Code Daytime Telephone			<u>_</u>				
	Name	e of Person Area	Code Da	ytime Telephon	e Number		
	Regis Divisi The C 2415	tration Section on of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	R D P.	IAILING ADD egistration Secti ivision of Corpo O. Box 6327 allahassee, FL	ion orations		
	nake ch	check for the following amount: eck payable to: FLORIDA DEPARTM ng Fee	IENT OF STATE □ \$78.75 Fil Certified (	ing Fee & 💢	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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	_			
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting b	usiness in Florida)			
ILLINOIS	3 3	3 364025794				
(State or countr	untry under the law of which it is incorporated)  (FEI number, if applicable)					
05/16/1995						
(Date	of incorporation)	(Date of duration, if other than perpetual)				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)	florida, if prior to registration)  2. F.S., to determine penalty liability)				
1901 BUTTERFI	ELD ROAD, STE. 650, DOWNERS GROVE, II					
	(Principal office	street address)	<del></del>			
	(Current mailing	address, if different)	2021			
Name and street	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	2021 JUL			
Name:	HEEKIN LAW, P.A.	_	12 T2			
ffice Address:	4540 SOUTHSIDE BLVD., STE. 202	<u> </u>	0F STATE 0F STATE 0F STATE			
	JACKSONVILLE	, Florida				
	(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.

Ray E. Dozeku for the Firm
(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								
□Chairman	Name: KATHLEEN T. ZELLNER	□Chairman	Name: KATHLEEN T. ZELLNER					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	STE. 650	□Director	STE. 650					
President	DOWNERS GROVE, IL 60515	□President	DOWNERS GROVE, IL 60515					
□Vice President		□Vice President						
☐ Secretary	□Treasurer	Secretary	Treasurer					
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					
			سمو سے " شہر رُ					
□Chairman	Name:	□Chairman	Name: SP Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director	<u></u>					
□President		□President	<del></del>					
□Vice President	<del></del>	□Vice President						
□ Secretary	□Treasurer	☐ Secretary	□Treasurer					
□Other	□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.								
12		1 7 W						
Signature of Director or Officer								
The officer or director signing this document (and who is fisted in number 11 above) aftirms 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.								
13. KATHLEEN	T. ZELLNER, PRESIDENT							

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



# 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

KATHLEEN T. ZELLNER & ASSOCIATES, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 16, 1995, 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 8TH

day of J

JULY

*A.D.* 2021

Authentication #: 2118901978 verifiable until 07/08/2022
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE