F21000006246

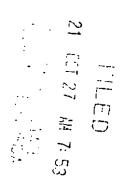
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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T. LEMIEUX OCT 2 9 2021

COVER LETTER

	stration Section ion of Corpora				
SHRIECT.	ALGAT ENTI	ERPRISES GROUP CO, INC	•		
SUBJECT		Name of corporatio	n - must include su	ffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," o	by Foreign Corporation for Tertificate of Good Starporation to transact busin	nding" and check a	ransact Business in Florida," re submitted to register the	
Please return	all correspond	ence concerning this matte	r to the following:		
KATARZYNA	A PERZAN				
		Name of	Person		
TAXPOL DE	VON CORP				
		Firm/Cor	npany	-	
2860 S, RIVE	R RD #330				
		Add	ress		
DES PLAINE	S, IL 60018				
		City/State	and Zip code		
KASIA@TAX					
	E	-mail address: (to be used	for future annual r	eport notification)	
For further in	formation con	cerning this matter, please	call:		
KATARZYN	Name of Person at (773 at (773 Daytime Telephone Number Daytime Telephone Number				
Nan	e of Person	Area Co	de Daytime	Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registra Divisio P.O. Bo	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make cl □ \$70.00 Fil	heck payable to:	following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	T OF STATE 查 \$78.75 Filing Fe Certified Copy	ee & \$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.

<u> </u>	PRISES GROUP CO, INC orporation; must include "INCORPORATED," "C	COMPANY," "CORPORATION,"	<u> </u>	
	orp," "Inc," "Co," or "Corp.")			
		g, 4-7-7	 	
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting bu	isiness in Florida)	
ILLINOIS	LINOIS ate or country under the law of which it is incorporated) (FEI number, if applicable)			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
FEBRUARY 23	of incorporation) 5	,		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in Flo	anida (Caninata maintention)	<u> </u>	
	(Date first transacted business in Fig. (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)	<u> 21</u>	
1800 PEMBRO	OK DR SUITE 300 # 3425 ORLANDO, FL 3281	0		
·	OK DR SUITE 300 # 3425 ORLANDO, FL 3281 (Principal office §	itreet address)	2	
1800 PEMBRO	OK DR SUITE 300 # 3425 ORLANDO, FL 328	10	LE 27	
	(Current mailing ac	ddress, if different)		
. Name and stree	t address of Florida registered agent: (P.O. B	Sox <u>NOT</u> acceptable)	>™ ଘ	
Name:	ANDREW MINOSSORA	_		
Office Address:	1800 PEMBROOK DR SUITE 300 # 3425			
	ORLANDO			
	(City)	(Zip code)		
Registered age	ent's acceptance:			
laving been nam	ed as registered agent and to accept service (
esignated in this	application, I hereby accept the appointmen omply with the provisions of all statutes rela	it as registered agent and agree to	o act in this capacity.	
	omply with the provisions of all statutes rela- with and accept the obligations of my positi-		erjormunce oj my au	
,	. A	.,		
		_		
_	Jan 1972		_	
	(Registered agent's signa	ature)		
0. Attached is a	certificate of existence duly authenticated, no	t more than 90 days prior to delive	ery of this application	

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 ANDREW MINOSSORA Name: _____ □ Chairman ■ Chairman 711 BECKER RD □ Vice Chairman Address: ☐ Vice Chairman Address: _ GLENVIEW, IL 60026 Director □ Director □ President President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary □Treasurer Secretary □Other _____ □Other _____ □Other _____ Name: ______ □ Chairman Name: ______ □ Chairman □Vice Chairman Address: ______ ☐ Vice Chairman Address: _____ □ Director Director □President □ President ☐ Vice President □ Vice President ______ □Treasurer □Secretary □Treasurer □ Secretary □Other _____ ☐ Other _____ □ Other _____ □Other _____ Name: ______ □Chairman Name: Chairman □ Vice Chairman Address: _____ □Vice Chairman Address: ______ □ Director Director □President □President □ Vice President □Vice President _ ☐Treasurer □ Secretary ☐ 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. 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.

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

ANDREW MINOSSORA - PRESIDENT

File Number

6336-713-3



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 GROUP CO INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 23, 2004, 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 19TH day of OCTOBER A.D. 2021.

Authentication #; 2129204264 verifiable until 10/19/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE