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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: PARAMOUNT CONSTRUCTION & DEVELOPMENT, IN Name of corporation - must include suffix	r
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
JAMES V YOUNG	
Name of Person	
PARAMOUNT CONSTRUCTION & DEVELOPMENTE, INC	
Firm/Company	í
612 S. 4TH AVENUE	,
Address	
ST. CHARLES IL 60174  City/State and Zip code	,
JYOUNG & PARAMOUNT CO. NET	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JAMES V YOUNG at (630) 651-7914	
Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$70.00 Filing Fee  Certificate of Status  Certified Copy  S78.75 Filing Fee & Certified Copy  Certified Copy  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.

1. PARAMOUNT CONSTRUCTION & DEVELOPMENT, INC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2.					
(State or country under the law of which it is incorporated) (FEI number, if applicable)  4. APRIL 27, 2006  (Date of incorporation) 5. (Date of duration, if other than perpetual)					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 612 S, 4TH AVENUE, ST. CHARLES, T.L. 60174-26 (Principal office street address)	922				
(Current mailing address, if different)	Party - 42 - 5 - 5 - 24 - 34-42				
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:   SANA YOUNG  Office Address:   28269 LISBON CT., UNIT 3122	7				
BONITA SPRINGS, Florida 34135 (City), Florida 34135 (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 p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	ity. I				

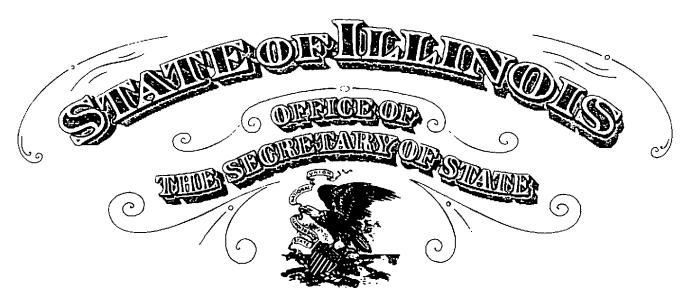
and I am familiar with and accept the obligations of my position as registered agent.

(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				
□Chairman	Name: JAMES V YOUNG	□ Chairman	Name:	
☐ Vice Chairman	Address: 612 S. 4TH AVENUE	□Vice Chairman	Address:	<del></del>
□Director	ST. CHARLES, IL	Director		
President	60174	□President		
□Vice President		□ Vice President		· ·
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	Other		Other
□Chairman □Vice Chairman	Name: <u>SAMES V YOUNG</u> Address: <u>612 S. 4TH AVENUE</u>	□Chairman		
□Director	ST. CHARLES, IL	☐ Director		<del></del>
President	60174	□President		
□ Vice President		□ Vice President		
Secretary	☐ Treasurer	☐ Secretary		□Treasurer
Other	Other	Other	<del></del>	□Treasurer □Other □
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director		<u> </u>
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary		□Treasurer
Other	Other	Other		□Other
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Department of Director	ent of State Annual Re	eport form.	purposes only. Non-indexed
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depart	er 11 above) affirms the	nat the facts statutes a third degr	ed herein are true and that he or

(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

PARAMOUNT CONSTRUCTION & DEVELOPMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 2006, 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 28TH

day of OCTOBER A.D. 2021

Authentication #: 2130101108 verifiable until 10/28/2022
Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE