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(Requestor's Name)				
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PICK-UP				
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Certified Copies	_ Certificates	s of Status		
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JUDIC 13 PH 3:00 SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: IROL Operations, Inc. an Illinois S-Corp

Name of corporation - must include suffix

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:

David Donka - Pres.	David	Donka	-	Pres.
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	Name of	Person	
IROL Operations, Inc/			
	Firm/Com	pany	
459 Haverhill Ct			
······································	Addro	:\$\$	
Sugar Grove, IL 60554			
	City/State a:	nd Zip code	
ddonka@irol-llc.net		,	
-	address: (to be used f	or future annual report	notification)
For further information concernit	ig this matter, please c	all:	
David Donka	630 at (3924973	
Name of Person	Area Cod	e Daytime Telep	hone Number
STREET/COURIER Al Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section O rp orations 7
Enclosed is a check for the follow Please make check payable to: FLO \$\Box\$ \$70.00 Filing Fee \$	RIDA DEPARTMENT	OF STATE S78.75 Filing Fee & Certified Copy	\$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.

1		IROL Operations.	inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate	name ado	ppted for the purpose of transacting	g business in Florida)
, Illinois - USA		3. 36	-3594117	
(State or countr	y under the law of which it is incorporate	ed)	(FEI number, if app	plicable)
4	of incorporation)	_ 5		
(Date	of incorporation)		(Date of duration, if other t	han perpetual)
ó				
			orida, if prior to registration) , F.S., to determine penalty liabilit	(y)
, 459 Haverhill Ct,	Sugar Grove, IL. 60554			
	(Princip	al office	street address)	
	(Current	mailing a	ddress, if different)	7091 SECI
 Name and <u>stree</u> Name: 	et address of Florida registered agent. William DePaul	: (P.O. I	Box <u>NOT</u> acceptable)	† DEC 13 CREYARY L'AHASSE
Office Address:	320 Sesview Ct, Unit 205			PH OF STA E. FLOR
	Marco Island		, Florida	<mark>ب 00</mark> STALE ORIDA
	(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.

Ud

(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.

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A. DIRECTORS			
□Chairman	David Donka Name:	□Chairman	Jill Cotton Name:
⊡Vice Chairman	459 Haverhill Ct Address:	□Vice Chairman	491 Prairie View Ln Address:
Director	Sugar Grove, IL 60554	Director	Hinckley, IL 60520
President		President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	
□Other	Other	□Other	Other
Chairman Vice Chairman Director President Vice President Secretary Other	Name: Charlie Harris Address: 15258 Owens Rd Hinckley, IL 60520	 □ Chairman □ Vice Chairman ■ Director □ President □ Vice President □ Secretary □ Other 	Jake Mathew Name: 4415 Harrison St Address: 4415 Harrison St Suite 300
□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	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.

ork. Ċ Signature of Director or Officer a 12.

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.

David Donka - President 13.



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

IROL OPERATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 01, 1988, 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 29TH day of NOVEMBER A.D. 2021 .

CDD2-

SECRETARY OF STATE

Authentication #: 2133302594 verifiable until 11/29/2022 Authenticate at: http://www.ilsos.gov