# F220000000236

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2021 DEC 28 AM II: 5;

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MATLAT, INC.		
Name of corpora	tion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the	
Please return all correspondence concerning this ma	atter to the following:	
JERRY J. PEPPING, ATTORNEY		
Name	of Person	
PEPPING, BALK, KINCAID & oLSON, LTD.		
Firm/C	Company	
105 7TH STREET		
A	ddress	
SILVIS, IL 61282		
·	te and Zip code	
c.gault@silvislaw.com		
E-man address: (to be us	ed for future annual report notification)	
For further information concerning this matter, plea	se call:	
Jerry J. Pepping at (309	755-5096	
Name of Person Area C	Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 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 DEPARTME  \$\infty\$ \$70.00 Filing Fee \$\infty\$ \$78.75 Filing Fee & Certificate of Status	ENT OF STATE  S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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 FOLIOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

·	able in Florida, enter alternate corporate nan			business in Florida)	
ILLINOIS			27-0825848 (FEI number, if applicable)		
(State or country	y under the law of which it is incorporated)		(FEI number, if app	olicable)	
8/26/09		5			
(Date of incorporation)			(Date of duration, if other than perpetua		
	EET, MOLINE, IL 61265 (Principal o	office <u>st</u>	reet address)		
	(Current ma	iling ad	dress, if different)	<b>2821</b>   SEC   FALL	
. Name and stree	et address of Florida registered agent: (F	P.O. Be	ox <u>NOT</u> acceptable)	DEC RETARNA	
	Michael A. Turner		_	28 VRY SSE	
Name:				æ.,	
Name: Office Address:	11518 Ashland P K Bivd		_	AMII OF ST E.FLO	
	Windomara		- _ , Florida	AMII: 52 ÖF STATE E. FLORIDA	

#### 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.

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name: LORI A. TURNER			
□ Vice Chairman	Address: 1400 30th St Moline IL 61265	□Vice Chairman	Address: 1400 30th St Moline IL 61265			
Director	Phelofd Turney	Director	La Hern			
President	Melel A. Toursel	□President				
□ Vice President		■Vice President	La Turner			
☐ Secretary	☐ Treasurer	■ Secretary	☐ Treasurcr			
Other	Other	□Other	□Other			
□ Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman				
			Address:			
□Director		□Director _				
□President		□President	**************************************			
□ Vice President	<del></del>	□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	<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. 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 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 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 of the facts						
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						

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. Lori A. Turner, Secretry



### 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

MATLAT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 26, 2009, 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 4TH day of JANUARY A.D. 2022 .

Authentication #: 2200402366 verifiable until 01/04/2023

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

Desse White

SECRETARY OF STATE