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SECRETARY OF STATE
ALLAHASSEE, FISTARE

### **COVER LETTER**

	stration Section sion of Corporations					
SUBJECT:	Knupp Partners, Inc.					
		me of corporatio	n - must in	clude suffix		
Dear Sir or M	fadam:					
"Certificate of	"Application by Foreig of Existence," or "Certifi- nced foreign corporation	cate of Good Sta	nding'' and	check are su		
Please return	all correspondence cond	erning this matte	r to the fol	lowing:		
Janet Knupp						
	• • • • • • • • • • • • • • • • • • • •	Name of	Person			
Knupp Partner	rs, Inc.					
	1-11	Firm/Cor	npany			
11141 Bronso	n Road					
		Add	ress			
Clermont, FL	34711					
		City/State	and Zip coe	ie		,
Janet@knuppr						
	E-mail add	lress: (to be used	for future	annual report	notificat	ion)
For further in	formation concerning th	is matter, please	call:			
Name of Person at (630)  Area Code		207-28	95			
Nam	e of Person	Area Coo	de I	Daytime Telep	phone Ni	ımber
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		
	_	A DEPARTMEN		Filing Fee &	C	87.50 Filing Fee, Tertificate of Status & Tertified 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.

Name:    Janet Knupp	State or country /17/1999 (Date A	(Principal office	(FEI number, if app (Date of duration, if other the Florida, if prior to registration) 602. F.S., to determine penalty liability	nan perpetual)
(Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetu)  (Date of incorporation)  (Date of duration, if other than perpetu)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Janet Knupp	(Date A	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 pad. Clermont, FL 34711	(Date of duration, if other the following of the following of the following (Date of duration) (D2, F.S., to determine penalty liability)	nan perpetual)
(Date of incorporation)  (Date of duration, if other than perpetution of the property of the perpetution of th	(Date A	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 pad. Clermont, FL 34711	(Date of duration, if other the following of the following of the following (Date of duration) (D2, F.S., to determine penalty liability)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability)  11141 Bronson Road. Clermont, FL 34711  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Janet Knupp	Λ	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 pad. Clermont, FL 34711 (Principal office)	n Florida, if prior to registration) 602. F.S., to determine penalty liability	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  [Principal office street address]  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Janet Knupp		(SEE SECTIONS 607.1501 & 607.15  pad. Clermont, FL 34711  (Principal office)	602. F.S., to determine penalty liability	y)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  11141 Bronson Road. Clermont, FL 34711  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Janet Knupp  ffice Address:     Clermont	41 Bronson Ro	(SEE SECTIONS 607.1501 & 607.15  pad. Clermont, FL 34711  (Principal office)	602. F.S., to determine penalty liability	у)
(Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Janet Knupp	141 Bronson Ro	(Principal offic	ce street address)	
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Janet Knupp		_	ce street address)	
Name:    Some and street address of Florida registered agent: (P.O. Box NOT acceptable)   Name:   Janet Knupp		(6		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Janet Knupp		/C		
Name:    Janet Knupp		(Current mailing	g address, if different)	
Name:    Janet Knupp				
ffice Address:    Clermont   Florida   34711   (Zip code)	ame and stree	caddress of Florida registered agent: (P.O	). Box NOT acceptable)	<b>~</b> 1
Clermont . Florida 34711 (Zip code)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporate	Name:	Janet Knupp		2022 Sec All
Clermont . Florida 34711 (Zip code)  Registered agent's acceptance:  Aving been named as registered agent and to accept service of process for the above stated corporate	e Address:	11141 Bronson Road		2022 JAN Secre <i>t</i> Allaha
(City) (Zip code)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporal		Clermont	Florida 34711	ARY
laving been named as registered agent and to accept service of process for the above stated corporal		(City)	(Zip code)	
aving been named as registered agent and to accept service of process for the above stated corporal	ogistored ago	nt's appointance.		108 108 108 108 108 108 108 108 108 108
esignated in this application. I hereby accept the appointment as registered agent and agree to act in	egistereu age no been nami	nt's acceptance: ed as revistered avent and to accent servic	ce of process for the above stated	cornorally at the nice
	nated in this	application, I hereby accept the appointm	ent as registered agent and agree	e to act in this capacit
urther agree to comply with the provisions of all statutes relative to the proper and complete perform				
nd I am familiar with and accept the obligations of my position as registered agent.	l am familiar	with and accept the obligations of my pos	sition as registered agent.	
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- Cano amon		/ / 4 - 4	1200	
(Registered agent's signalure)	_	- Claret an		
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of the		(Registered agent's sig	(maluru)	

under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Janet Knupp Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Clermont, FL 34711	□Director					
■ President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	Other	Other				
□Chairman	Marrier.	GCL-i	Name				
	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				
□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.							
	e added to the index when filing your Florida Departmen						
	e added to the index when filing your Florida Departmen	nt of State Annual Re					

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.

#### File Number

6063-283-9



## 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

KNUPP PARTNERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 17, 1999, 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 5TH day of JANUARY A.D. 2022.

Authentication #: 2200500186 verifiable until 01/05/2023

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

Desse White

SECRETARY OF STATE