# F22000001072

(Requestor's Name)				
-(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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## **COVER LETTER**

	stration Section sion of Corporations				
	Crumly & Associates, In	nc.			
SUBJECT	N	ame of corporation	on - m	ist include suffix	<del></del>
Dear Sir or N	Лаdam:				
"Certificate	l "Application by Foreig of Existence," or "Certif need foreign corporation	icate of Good Sta	ınding	" and check are sub	
Please return	all correspondence con	cerning this matt	er to tl	ne following:	
Robert Wilbe	m, CPA				
	· · ·	Name o	f Pers	on	
RMSCl. Inc.					
		Firm/Co	mpany	<del>-</del> !	
949 Clock To	wer Drive				
	· · · · · · · · · · · · · · · · · · ·	Ado	lress		
Springfield, 1	llinois 62704				
		City/State	and Z	ip code	
rob.wilbern@	theledgeconsulting.com				
	E-mail ad	dress: (to be used	for fu	ture annual report n	otification)
For further in	nformation concerning t	his matter, please	call:		
Robert Wilbe	rn	at ( <sup>217</sup>	546-2370		
Nar	ne of Person	Area Co	de -	Daytime Telepl	hone Number
Regi Divi The 241:	EET/COURIER ADD istration Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suit ahassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	-		□ \$78	STATE 3.75 Filing Fee & rtified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

#### 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.

Crumly and Ass	sociates, Incorporated			
	corporation; must include "INCORPOR Corp," "Inc," "Co," or "Corp.")	(ATED," "COM	PANY," "CORPORATIO	N,"
Evergreen Wea	lth			
(If name unavail	able in Florida, enter alternate corpora	te name adopted	for the purpose of transacti	ng business in Florida)
2. Illinois	ry under the law of which it is incorpor	3.	27-4418309	
(State or counti	ry under the law of which it is incorpor	ated)	(FEI number, if a	pplicable)
December 30, 2		5.		
(Date	e of incorporation)		(Date of duration, if other	than perpetual)
6.				
	(Date first transacted bu (SEE SECTIONS 607.1501 &	siness in Florida & 607.1502, F.S.	, if prior to registration) , to determine penalty liabi	lity)
7 214 South Grand	Avenue West, Springfield, IL 62704			
·	(Princ	ipal office street	address)	
same				
	(Currei	nt mailing addres	s, if different)	2022 JAN
8. Name and stree	et address of Florida registered ager	nt: (P.O. Box )	NOT acceptable)	A A
Name:	Kevin Crumly			AND AND ILEE
Office Address:	813 Wildwood Lane			
	Naples	, , H	Horida <u>34105</u>	
	(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.

(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	Scott Norris Name:				
□Vice Chairman	Address: 501 ROCK RIVER RD	□Vice Chairman	Address:				
□Director	Springfield, Illinois 62711	□Director	Springfield, Illinois 62704				
President		□President					
□Vice President		■Vice President	and the second s				
☐ 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				
□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.  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 of 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. Scott Norris

### File Number

6725-766-9



# 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

CRUMLY AND ASSOCIATES, INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 30, 2010, 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 13TH day of JANUARY A.D. 2022 .

Authentication #: 2201303264 verifiable until 01/13/2023

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

Desse White

SECRETARY OF STATE