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ECRETARY OF STATE LLAHASSEE, FLORIDA

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COVER LETTER

TO:	_	ration Sectic on of Corpc				
o		American Po	werlifting Federation, Inc.			
SUBJI	ECI:_		Name of Corporation	– must inc	clude suffix	
Dear Si	ir or Ma	idam;				
Affairs	in Flor	ida", "Certifi	by Foreign Not for Profit C cate of Existence", or "Cer d not for profit corporation	tificate of	Status" and che	eck are submitted to
Please	return a	ll correspond	ence concerning this matte	er to the fo	llowing:	
			Name of	Person	_	
		Amy Jackson	1			
			Firm/Co	mpany	<u> </u>	. _
		American Po	werlifting Federation, Inc			
		505 Westgat	e Drive			
			Äddr	ess		
		Aurora IL 60	1506			
			City/State and	d Zip Code	;	
		amyljackson(-			
		E-mail	address: (to be used for fu	ture annua	l report notifica	ntion)
For fur	ther in	ormation cor	cerning this matter, please	call:		
Amy J	ackson		6 at (30	8967309	
		Name of P		rea Code	Daytime Tel	ephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		orations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please i	ed is a make ch).00 Fili	eck payable to	following amount: : FLORIDA DEPARTMEN 3\$78.75 Filing Fee & Certificate of Status	□\$78. 7 5 I	TE Filing Fee & ied Copy	♥\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corpor	rerlifting Federation, Inc. ration: must include the word ' ge as will clearly indicate that resent. "Company" or "Co." m	it is a corporation in	istead of a n	atural person or partnershir	n if not so contained	
(If name unava	ilable in Florida, enter alternat	e corporate name ad	opted for th	e purpose of transacting bu	siness in Florida)	
2. Illinois (State or cour 4. 09/21/88	ntry under the law of which it i	3. 36-s incorporated)	3590711	(FEI number, if applicable	·)	
6. (Date first condi	acted affairs in Florida if prior to	registration. See sec	tions 617.15	01 & 617.1502, F.S. to deter	rmine penalty liability	v.)
7. 306	westgak Drive	(Principal office s				
8. Promote health (Purpose(s) of c	and fitness with powerlifting corporation authorized in home	events	oe carried o	ut in the state of Florida)	75 S	
	eet address of Florida regist				SECRETARY OF STATE FALL NHASSEE FLORID	FIL
Name:	Wayne Pullum 9465 Harrier Court				SEE OF	ILED
Office Address.	Wayne Pullum 9465 Harrier Court Jacksonville (City)		Florida ³	(Zip Code)	5 PM 7: 50 SSEE FLORIDA	
10. Registered Having been na designated in th further agree to	agent's acceptance: med as registered agent an is application, I hereby acc comply with the provisions ar with and accept the oblig	d to accept service cept the appointme s of all statutes rel	of process ont as regis ative to the	s for the above stated co stered agent and agree to proper and complete po	rporation at the plo o act in this capacit	tv. T

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR			NA 17' (7'3)		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Aurora, IL 60506	■Director	Jupiter FL 33478		
■President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	Treasurer		
□Other:	Other:	□Other:	Other:		
□Chairman	Name:	□ Chairman	Name:		
□ Vice Chairman	505 Westgate Drive	□Vice Chairman	Address:		
Director	Aurora IL 60506	□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary	☐Treasurer		
□Other:	Other:	□Other:	Other:		
	Amy Jackson	□Chairman	Name:		
□ Chairman	Name: 505 Westgate Drive		Address:		
□Vice Chairman	Address:	☐ Vice Chairman	Address.		
□Director					
□President		□ President			
□ Vice President		□Vice President			
Secretary	■ Treasurer	Secretary	☐ Treasurer		
□Other:	☐ Other:	Other:	Other:		
NOTE: 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Amy Jackson, Secretary (Typed or printed name and capacity of person signing application)					

File Number

5523-240-7



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

AMERICAN POWERLIFTING FEDERATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 21, 1988, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT 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 2ND day of FEBRUARY A.D. 2022.

Authentication #: 2203302404 verifiable until 02/02/2023

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

Desse White

SECRETARY OF STATE