# F22000003118

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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S. FRANKLIN MAY 1 9 2022

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 5/18/202	<u></u>		**WALK IN**
ENTITY NAME	BENTON TECH	HNICAL SERVICES, INC.	
DOCUMENT NUM	BER		
	**PLEASE P	FILE THE ATTACHED AND RETURN**	2022 H. Y 18
XXXXXX	Plain Copy		
	Certified Copy		8
	Certificate of Si	talas	P1116: 1
	Certified Copy of Certificate of St	f Arts & Amendments f Arts & Amendments Complete File (Inclading Annaai tatas tatas Reflecting:	l Reports)
	**APOSTILL	'E'   NOTARIAL CERTIFICATION**	
COUNTRY OF DESTI	TNATION		
NUMBER OF CERTIF	FICATES REQUESTED_		
TOTAL OWED \$	70.00	ACCOUNT # 120160000072	wil DW
Please call Tina i	at the above number	for any issues or concerns. Thank you	so much!

#### **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	BENTON TECHNICAL SER	RVICES, INC.			
SOBILCT.		of corporation	- must include suffix	-	
Dear Sir or M	1adam:				
"Certificate of	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Stanc	ling" and check are sub	ct Business in Fl mitted to registe	orida,'' r the
Please return	all correspondence concerni	ng this matter	to the following:		
SHARON UR	BAN				
		Name of P	erson		
HARBOR CC	MPLIANCE				_
		Firm/Com	pany		7022
1830 COLON	IAL VILLAGE LANE				7022 KAY
		Addres	SS	.,	18
LANCASTER	. PA 17601				
	·	City/State an	d Zip code	•	PH 10: 17
PROFESSION	JAL@HARBORCOMPLIANC	E.COM		•	
	E-mail address:	(to be used fo	r future annual report r	otification)	
For further in	formation concerning this ma	atter, please ca	11:		
SHARON UR	BAN	717 at (	229-0387		
Nam	e of Person	Area Code	Daytime Telepl	none Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		<b>3</b> :	MAILING ADDRESS: Registration Section Division of Corporations P:O. Box 6327 Tallahassee, FL 32314		
	check for the following amore eck payable to: FLORIDA DE ng Fee	PARTMENT ( Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

## AFPLICATION 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.

(Enter name of e	corporation; must include "INCORPORATED," Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	_
(16	able in Pleaside and the second		
	able in Florida, enter alternate corporate name a		ness in Florida)
ILLINOIS	<u> </u>	80-0638597	
08/26/2010	ry under the law of which it is incorporated)  5.	(FEI number, if applicable	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
05/18/2022			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
20 8TH AVEN	JE, SOUTH WILMINGTON, IL 60474		
	(Principal offic	e <u>street</u> address)	
		e <u>street</u> address) g address, if different)	
	(Current mailing	address, if different)	21
Name and stree	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2022 i
Name and <u>stree</u> Name:	(Current mailing	address, if different)	2022 HSY
Name:	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2022 HOY 18
Name:	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc.	Box NOT acceptable)	
Name:	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300	address, if different)  Box NOT acceptable)	
Name: fice Address:	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City)	Box NOT acceptable)  Florida	2022 HAY 18 PH 10: 17
Name: fice Address: <b>Registered ag</b> :	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City) ent's acceptance:	Box NOT acceptable)  Florida 33702(Zip code)	PH 10: 17
Name: fice Address:  Registered agwing been namignated in this	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable)  Florida   Zip code)  e of process for the above stated corporate as registered agent and agree to accept address.	oration at the place of the pla
Name: Tice Address:  Registered agoing been namignated in this ther agree to c	(Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes received.	Box NOT acceptable) , Florida 33702, Florida (Zip code)  e of process for the above stated corpoent as registered agent and agree to additive to the proper and complete performance.	oration at the place of the pla
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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	1				
□Chairman	Name: ERIC B CONGER	□Chairman	Name:	ARAH L PHILLIPS	
□ Vice Chairman	Address: 520 8TH AVENUE	□Vice Chairman		520 8TH AVENUE	
□Director	SOUTH WILMINGTON, IL 60474	Director		WILMINGTON, IL 60474	
President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary		□Treasurer	
□Other	Other	Other	<u>-</u>	□Other	
□Chairman □Vice Chairman □Director □President	Name: CATHERINE A CONGER  South Wilmington, IL 60474	□Chairman □Vice Chairman □Director □President	Address:		
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	□Other	☐Other		Other	
□Chairman	Name:	□ Chairman	Name:	2072 111	
□Vice Chairman	Address:	□Vice Chairman	Address: _	<del></del>	
□Director	<u> </u>	□Director		<u> </u>	
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		Other	
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department Signature of Direct	artment of State Annual Rep		ng purposes only. Non-indexed	
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					

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

Eric Conger, President

she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in



### 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

BENTON TECHNICAL SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 26, 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 TO 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 18TH day of MAY A.D. 2022 .

Authentication #: 2213800752 verifiable until 05/18/2023

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

Desse White

SECRETARY OF STATE