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## **COVER LETTER**

TO:	Registration Section Division of Corpo			
SUBJ	ECT:	Catalyst Consulting an	d Coaching, Inc.	
ось		Name of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence,"	by Foreign Corporation fo or "Certificate of Good State corporation to transact busin	nding" and check are su	
Please	return all correspon	dence concerning this matte	er to the following:	
		Susanna Morris	3	
		Name o	f Person	
		The Dolins Gro	oup, Ltd.	
-		Firm/Co	mpany	
		425 Huc	ıl Rd. Bldg. 21	
		Add	ress	
		Northbro	ok, IL 60062	
		City/State	and Zip code	
		smorris@thedolin	- ·	
		E-mail address: (to be used	for future annual report	notification)
For fu	rther information co	ncerning this matter, please	call?	
Susani	na Morris	847 at (	498-1040	
	Name of Person	Area Co	de Daytime Tele	phone Number
	STREET/COUR Registration Section Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on rations lahassee Street, Suite 810	MAILING A Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27
Please		o: FLORIDA DEPARTMEN	T OF STATE \$\infty\$ \$78.75 Filing Fee & Certified 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.

Catalyst Consult  1.	ing and Coaching, Inc.				
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"		
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)		
Illinois	3	20-0193637			
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	plicable)		
06/27/2003	5.				
(Date	of incorporation)	5(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		lity)		
2854 Tibuton Blv	d. East Unit 102 Naples, FL 34109				
·		e street address)			
			2021 Si Fal		
	(Current mailing	g address, if different)	HAY		
3. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	တို့သို့ တ ၂		
Name:	Julie Grusin-Hess		A A		
Name:	2054 Mills - Olyd Franklik 103	<del></del>	<u> </u>		
Office Address:	2854 Tiburon Blvd. East Unit 102		AM 9: 43		
	Naples	, Florida	,-		
	(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	Julie Grusin-Hess	Chairman	Name:			
□Vice Chairman	Address: 2854 Tiburon Blvd. East Unit 102	□Vice Chairman	Address:			
□Director	Naples, FL 34109	Director				
₽ President		□President				
□Vice President		□Vice President				
<b>■</b> Secretary	員Treasurer	Secretary		☐Treasurer		
Other	Other	Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	, <del></del>	Director	···-			
□President		□President				
□Vice President	<u> </u>	□Vice President				
Secretary	□Treasurer	Secretary		Treasurer		
□Other		Other		Other		
□ Chairman	Name:	□Chairman	Name:			
□Vice Chainnan	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□ Vice President				
Secretary	Treasurer	Secretary		□Treasurer		
□Other	Other	Other	<del></del>	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 dire she is aware that fit s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depar	er 11 above) affirms t tment of State constit	hat the facts state outes a third degre	d herein are true and that he or e felony as provided for in		

13. Julie Grusin-Hess



## 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

CATALYST CONSULTING AND COACHING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 27, 2003, 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 28TH

day of APRIL A.D. 2022

Authentication #: 2211801910 verifiable until 04/28/2023

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

Desse White

SECRETARY OF STATE