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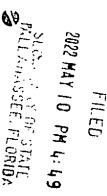
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T. LEMIEUX MAY 27 2022

#### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SHRI	ECT: DEBORAH M. LANCASTER	. LTD.				
30111	Name of	Corporation	ı - must include suffix			
Dear S	ir or Madam:					
"Certif	iclosed "Application by Foreign Cor ficate of Existence," or "Certificate of referenced foreign corporation to tra	f Good Stan	iding" and check are subn			
Please	return all correspondence concernin	g this matter	r to the following:			
Debora	th M. Lancaster					
	<del> </del>	Name of	Person			
Debora	h M. Lancaster, Ltd.					
		Firm/Con	ıpany	· · · · · · · · · · · · · · · · · · ·		
816 Hi	deaway Circle E. Unit 222					
		Addr	ess	. <del></del>		
Marco	Island, Florida 34145					
		City/State a	nd Zip code			
deb@la	ancasterlawltd.com					
	E-mail address:	(to be used:	for future annual report no	otification)		
For fu	rther information concerning this ma	tter, please o	call:			
Debora	nh M. Lancaster	Person at (S47 ) 358-5755  Area Code Daytime Telephone Number				
	Name of Person	Area Cod	Daytime Teleph	one Number		
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING AE Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	ction rporations		
Please	ted is a check for the following amount make check payable to: FLORIDA DE 0.00 Filing Fee S78.75 Filing Certificate of	PARTMENT Fee & - [	○ OF STATE  □ \$78.75 Filing Fee &  Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified 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.

L. DEBORAH M.	LANCASTER, LTD.		
	orporation; must include "INCORPORATED," "orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATIO	N."
DEBORAH M.	LANCASTER, INC.		
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacti	ng business in Florida)
2. Illinois	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
December 28, 2	007 5.		
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
6. January 1, 2022			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liabi	lity)
7. 1642 Colonial Pa	rkway, Inverness, Illinois 60067		
	(Principal office	street address)	
Same			
	(Current mailing a	iddress, if different)	202 Si. Si.
8. Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	PIL 2022 MAY 1 O SLAX ANS ALLAN ISSE
Name:	Deborah M. Lancaster		TO P
Office Address:	816 Hideaway Circle E. Unit 222	_	ED) PM 4: 49 SEF STATE
	Marco Island	Florida	ATE NRIBA
	(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.

Debouw M Kancaster
(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.

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

A. DIRECTORS				
□Chairman	Deborah M. Lancaster Name:	□Chairman	Name:	-
□Vice Chairman	Address: 816 Hideaway Circle, Unit 222	□Vice Chairman	Address:	
Director	Marco Island, FL 34145	□Director		<del>-</del>
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other	<u>.                                    </u>	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	-
□Director		□Director		
□President		□President		<del>.</del>
□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
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	ent of State Annual Re	eport form.	
12	Dehoual Mode Signature of Director	mazta		
The officer or direct	Signature of Director of Control of Signature of Director of the signing this document (and who is listed in number of the Department of t	er 11 above) aftirms tl	nat the facts stated	I herein are true and that he of
13	Deborah M. Lancaster (Typed or printed name and capacity of pers	on signing application	1)	



### 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

DEBORAH M. LANCASTER, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 28, 2007, 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 21ST

day of MARCH A.D. 2022

Authentication #: 2208001950 verifiable until 03/21/2023 Authenticate at: http://www.ilsos.gov Desse White