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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

CP 312 Chinelas Inc.

SUBJECT: _____

. .

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christine Picerno

	Name	of Person		
CP 312 Chinelas Inc				
	Firm/C	ompany		
9675 Wilshire Lakes Blvc	1			
	A	Idress	·	
Naples, FI 34109				
	City/Stat	e and Zip code		
n2knitz@aol.com	·			
	E-mail address: (to be use	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Christine Picerno	312 at (838-1314		
Name of Perso			bhone Number	
STREET/COU	IRIER ADDRESS:	MAILING A		
Registration Se		Registration S		
Division of Corporations The Centre of Tallahassee			Division of Corporations P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Tallahassee, FL 32314	
Enclosed is a check for	the following amount:	NT AF STATE		
	e to: FLORIDA DEPARTME	Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy	

AFTERATION OF FORTON CONFORTION FOR AUTHOMIZATION TO TRANSAUT 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 o "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION	1."
CP 312 Inc.			
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in Florida)
Illinois 2.	3	46-3541067	
(State or count	ry under the law of which it is incorporated)	(FEI number, if ap	plicable)
A	3	Percetual	
	5. 2 of incorporation)	(Date of duration, if other t	han perpetual)
June 15, 2022 6.			
5417 Airport Pul	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liabili <u>34</u> 109 lice <u>street</u> address)	ty)
7	(Principal of)	Tice street address)	
9675 Wilshire L	akes Blvd Naples Fl	34109	
	(Current maili	ing address, if different)	
8. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2022
Name:	Christine Picerno		میرسی ۲۰۰۰ ((
	9675 Wilshire Lakes Blvd		6
Office Address:		2 1 1 0 0	
Office Address:	Naples	Florida	PH 3: 43

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.



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.

	Christine Picerno		
Chairman 🖥	Name:	Chairman	Name:
□Vice Chairman	9675 Wilshire Lakes Blvd, Naples F1 Address: 3910 7	□Vice Chairman	Address:
Director		Director	
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
□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
⊡Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President	,,,	President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
DOther	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 or 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	Christine	Picerno	President
	(Typed or printed name a		gning application)

File Number



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

CP 312 CHINELAS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 29, 2013, 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.



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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 FEBRUARY A.D. 2022 .

esse White

SECRETARY OF STATE

Authentication #: 2204903802 verifiable until 02/18/2023 Authenticate at: http://www.ilsos.gov