F22000	200426
(Requestor's Name) (Address) (Address)	200389728712
(City/State/Zip/Phone #)	06/21/2201016017 ++70.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 2022 JUN 21 AM 9:56 SECRED AT AM 9:56 FALL APASSES FROM DATA
Office Use Only	

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Enrollment Marketing Solutions Inc.

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:

Elizabeth Kistner

	Name c	of Person
Enrollment Marketing Solutions Inc.		
_ · _ · _	Firm/Co	ompany
238 Cape Harbour Loop Unit 105		
	Ado	dress
Bradenton, FL 34212		
	City/State	e and Zip code
lkistner@enrollmentmarketingsolutions.	.com	
E-mail ad	dress: (to be used	d for future annual report notification)
For further information concerning t	his matter, please	e call:
Elizabeth Kistner	at ( <sup>224</sup>	465-1115
Name of Person	Area Co	ode Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
		NT OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

### Enrollment Marketing Solutions Inc. 1.

(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")

2. <sup>IL</sup>	3	20-5277181		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 08/28/2006	5			
(Dat	e of incorporation) 5	(Date of duration, if other than perpetual)		
6. July 1, 2022				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty lial	bility)	
7. <sup>238</sup> Cape Haroul	br Loop #105 Bradenton, FL 34212		7	
	(Principal of	fice <u>street</u> address)	ECNE LAH	
	(Current mail	ing address, if different)	SST P T	
8. Name and stre	et address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	AH 9:56	
Name:	Elizabeth Kistner		10A	
Office Address:	238 Cape Harbour Loop #105			
	Bradenton	, Florida <sup>34212</sup>		
	(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 ugent'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	Elizabeth Kistner	Chairman	Name:
Vice Chairman	Address: East Cape Harbour Loop #105 Bra	□Vice Chai⊓nan	Address:
Director		Director	,
President		□President	
■ Vice Presidem		□Vice President	
Secretary	Treasurer	Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chai <del>rman</del>	Address:
Director		Director	
President		President	
□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		Treasurer
Other	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 Pepariment of State Annual Report form.

10 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.

Elizabeth Kistner (Typed or printed name and capacity of person signing application) 13.



## 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

ENROLLMENT MARKETING SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 28, 2006, 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 17TH day of JUNE A.D. 2022.

Authentication #: 2216802886 verifiable until 06/17/2023 Authenticate at: http://www.ilsos.gov

00081

SECRETARY OF STATE