F22000000152

(Requestor's Name) (Address)	4003
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/2
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



400394558824

09/26/22--01039--003 **87.50

12 26 FT 7:39

S. FRANKLIN

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: WEXTER Restriction - Must i	ewices Iw.			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," or "Certificate of Good Standing" an above referenced foreign corporation to transact business in Flo	id check are submitted to register the			
Please return all correspondence concerning this matter to the fe	ollowing:			
KUSY ROXESTYOW Name of Person				
Werner Restaration Services Im				
Firm/Company	Day 101-			
102 Innovation May HO KOX 496				
Address				
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Velve Rakestraw at (309) Name of Person Area Code	792 - 09/2 Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
- -	ATE 5 Filing Fee & \$87.50 Filing Fee, fied 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. Werner Restoration Services Tro.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: , Florida 34997 (Zin 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.

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			Oliver Hildurger
□Chairman	Name: Brent Wuner	_ -	Name: Kabecoa Werner
□Vice Chairman	Address: <u>231 Hart Dr.</u>	□Vice Chairman	Address: 231 Mart Dr.
□Director	Genoseo to 61254	□Director	Geneleo II 101254
⊠ resident		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	Mother CF	Other
□Chairman □Vice Chairman ÄDirector □President	Name: Yen Wuner Address: 1610 US Huy 10 Cenosu II. 61254	□Chairman □Vice Chairman □Coirector □President	Name: Ilreva Werner Address: 1610 US HWY 6 GENESO II 61254
_		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer 32
□Other		□Other	
Domei			. 26
□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
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of	ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
The officer or dire she is aware that f s,817,155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	er 11 above) affirms t iment of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in
13.	(Typed or printed name and capacity of person	on signing applicatio	n)



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

WERNER RESTORATION SERVICES, INC., A DOMESTIC CORPORATION.
INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 2005, 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 22ND

day of SEPTEMBER A.D. 2022

Authentication #: 2226503476 verifiable until 09/22/2023

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

Desse White

SECRETARY OF STATE