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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	-	ation Section n of Corporations			
SUBJ	FCT:	N.Z. HOMES CORPORA	ΓΙΟΝ		
3015.	cci	Name o	of corporation -	- must include suffix	
Dear S	Sir or Ma	Jam:			
"Certif	ficate of I		of Good Stand	Authorization to Transact Buling" and check are submittes in Florida.	d to register the
Please	return al	l correspondence concernit	ng this matter i	to the following:	2023 APR 10
BEAT	RIZ GU Z I	MAN			PR
•			Name of P	erson	
N. Z. I	IOMES C	ORPORATION			2 2 2
	•		Firm/Comp	pany	#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1525 V	VEATHE	RSTONE LANE			
			Addres	SS	<u> </u>
ELGIN	I, IL 60 2.	3			
	<u> </u>		City/State an	d Zip code	
BEAT	RIZ0623@	MSN.COM			<u> </u>
		E-mail address:	(to be used fo	or future annual report notific	cation)
For fu	rther info	rmation concerning this ma	atter, please ca	all:	
BEAT	RIZ GUZI	MAN	630 at (709-1141)	
	Name	of Person	Area Code	Daytime Telephone	Number
	Registra Divisio The Ce 2415 N	ET/COURIER ADDRESS ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
Please		neck for the following amook payable to: FLORIDA DE g Fee S78.75 Filing Certificate o	PARTMENT :		\$87.50 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.

1. (Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. ILLINOIS	3.	20-2117910		
(State or country under the law of which it is incorpor				
JANUARY 04.	2005	PERPETUAL		
		(Date of duration, if other than perpetual)		
6. NOT APPLICA	BLE	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7SAME AS AL	IERSTONE LANE ELGIN, IL 60123 (Principal off	502. F.S., to determine penalty liability) lice street address) ng address, if different)		
8. Name and stree Name: Office Address:	et address of Florida registered agent: (P.G BEATRIZ GUZMAN 11791 LAKE LUCAYA DRIVE	O. Box NOT acceptable)		
	RIVERVIEW	, Florida <u></u>		
	(City)	(Zip code)		
	ed as registered agent and to accept serv	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity.		

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.

A. DIRECTORS				
□Chairman	Name:BEATRIZ GUZMAN	□Chairman	Nume:	
□Vice Chauman	Address: 433 CARDINAL DRIVE	□Vice Chairman	Address:	
Director	BARTLETT, IL 60103	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary	□Treasu	rer
Other MG	RM. Dother	□Other	ElOther_	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address.	
□Director		□Director		
□President		□President		<u> </u>
□Vice President		□Vice President	2023	
□Secretary	□Treasurer	☐ Secretary	Treasu	
□Other	□Other	Other		2 :
			in en	6. .
□ Chairman	Name:	□ Chairman	Name: Et.	
∴Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		<u> </u>
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treusurer	☐ Secretary	□Treasui	er
□Other		□Other	Other_	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the inflex when filing your Florida Department of the control of the contr	prof State Annual Re	d for reporting purposes only sport form.	
/	Signature of Director or	r Officei		
she is aware that fe s.817.155, F.S.	etor signing this document (and who is listed in number also information submitted in a document to the Departi	·11 above) affirms the ment of State constitu	at the facts stated herein are ites a third degree felony as p	true and that he o provided for in



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

N.Z. HOMES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 04, 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 IST

day of MARCH A.D. 2023

Authentication #: 2306003346 verifiable until 03/01/2024

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

Alexi Giannol

SECRETARY OF STATE



March 25, 2023

BEATRIZ GUZMAN 1525 WEATHERSTONE LANE EGLIN, IL 60123 US

SUBJECT: N.Z. HOMES CORPORATION

Ref. Number: W23000040797

We have received your document for N.Z. HOMES CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 523A00006910

