F23000003453

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

Office Use Only



400409997204

06/05/28--01030--004 **70.08

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Regis Divisi	tration Section ion of Corporations				
SUBJECT:	EMAC, INC.				
o bolic I.	Name of c	orporation - mu	st include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Corport f Existence," or "Certificate of ced foreign corporation to trans	Good Standing	" and check are submitte	siness in Florida," ed to register the	
Please return	all correspondence concerning	this matter to tl	ne following:		
ALEXANDRI	A ZEIGLER SCHRAMM				
		Name of Pers	on		
THE CENTER	R FOR FINANCIAL, LEGAL, AN	D TAX PLAN	ING, INC.		
		Firm/Compan	у		
4501 WEST D	DEYOUNG STREET, SUITE 200				
		Address			
MARION, IL	62959				
	(City/State and Z	ip code	<u>-</u>	
ALI@TAXPL	ANNING.COM				
	E-mail address: (to be used for f	uture annual report notif	ication)	
For further in	nformation concerning this matt	er, please call:			
ALI ZEIGLE	R SCHRAMM	(618)	997-3436		
Nan	ne of Person	Area Code	Daytime Telephon	e 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 Corporation P.O. Box 6327 Tallahassee, FL 32314		on orations	
Enclosed is a Please make o	a check for the following amount theck payable to: FLORIDA DEF illing Fee	Fec & \$ \begin{align*} \begin{align*} & \	F STATE 78.75 Filing Fee & Certified Copy	\$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.

EMAC, INC.				
(Enter name of cor	rporation; must include "INCORPORATED." "Crp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"	•	
EMAC FLORIDA				
(If name unavailab	ble in Florida, enter alternate corporate name adop	nted for the purpose of transacting	business in Florida)	
ILLINOIS	3 37-	1179564		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
FERRILARY 10				
(Date of	of incorporation)	(Date of duration, if other than perpetual)		
05/02/2023	•			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	
2390 EMAC WA	Y, CARBONDALE ILLINOIS 62902			
	(Principal office s	treet address)		
	(Current mailing a	Idress, if different)		
	(0			
2. 27	t address of Florida registered agent: (P.O. B	ox NOT acceptable)		
. Name and stree		on <u>Nor</u> ecorptions,	•	
Name:	BART A. BASI	_	20	
Office Address:	603 LONGBOAT CLUB ROAD, UNIT 101	_		
Office Address.	LONGBOAT KEY	Florida	2023 JUN -5 SECHE PAR TALLAHA	
	(City)	(Zip code)	10	
S 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
FF	ent's acceptance: ed as registered agent and to accept service	of process for the above stated	corporation at the place	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		n as revisiereu ayeni ana agici	C to uct in this cub hours.	
further auree to c	omply with the provisions of all statutes rela	tive to the proper and complete	e performance of nasoduties.	
and I am familiar	with and accept the obligations of my positi	on as registered agent.		
	mi	1- Plan		
_	(Registered agent's sign	ature)	_ _	
	certificate of existence duly authenticated, no	a man than 00 days prior to de	livery 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: ERIC ROSSI	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	CARBONDALE, IL 62902	☐ Director		
President		□President		
□Vice President		□Vice President		
■ Secretary	□Treasurer	□Secretary		☐Treasurer
Other	Other	Other		Other
∐Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chainnan	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	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
Important Notice individuals may be seen to	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director	ent of State Annual F	ted for reporting p Report form.	ourposes only. Non-indexed
she is aware that s.817.155, F.S.	rector signing this document (and who is listed in numb false information submitted in a document to the Depart	er 11 above) affirms riment of State consti	itates a time degri	te reiony as provided for my
13. <u>Fric</u>	(Typed or printed name and capacity of per	son signing application	on)	

File Number

6197-551-9



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

EMAC, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 28, 2001, 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 31ST day of MAY A.D. 2023 .

10 . 11.

Authoritorion #: 2315102576 varifiable until 05/31/2024