F23000004222

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
W23-98535					

Office Use Only



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2023 JUL 18 AM 10: 45 SCORETARY OF STATE TALL AHASSEE FLORE

APPROYLU AND FILED

28 JUL 18 AM []:

. " | 4 2023 . Excendity



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2023

COGENCY GLOBAL

Retain Original
Submissions

10. date 1/18/23

SUBJECT: DC VALUE ADDED SERVICE TECHNOLOGIES, INC.

Ref. Number: W23000098535

We have received your document for DC VALUE ADDED SERVICE TECHNOLOGIES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

9 "" 19 PH 4

Letter Number: 923A00016010



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: July 19, 2023	Account#: I2000000088
Name: Claudia Camilus	
Reference #:	
Entity Name: DC VALUE ADDED SERVICE TECHNO	OLOGIES, INC.
✓ Articles of Incorporation/Authorization to Trans	nsact Business
Amendment	Place Retain
Change of Agent	Please Retain The original Submissia deute 7/18/23
Reinstatement	deute 7/18/23
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: 47.00	
Signature:	

COVER LETTER

10:	Division of Cor					
SUBJ	JECT:	dc Value	e Added Servi	ce Technologies, I	nc.	
19 0 22 1	Name of corporation - must include suffix					
Dear S	Sir or Madam:					
"Certi	ficate of Existence	ion by Foreign Corpora e." or "Certificate of Go n corporation to transac	ood Standing"	and check are sub	ct Business in Florida," mitted to register the	
Please	return all corresp	ondence concerning th	is matter to the	e following:		
		G	Buy E. Snyder			
		N	lame of Persor	1		
		Ve	dder Price P.C	S.		
		F	rm/Company			
		222 N. LaS	Salle Street, St	uite 2600		
			Address			
		. Ch	cago, IL 6060	1 .		
		City	/State and Zip	code		
		gsnyde	r@vedderprice	e.com		
		E-mail address: (to b	e used for fut	ure annual report r	notification)	
For fu	rther information	concerning this matter,	please call:			
	Guy E. Sny	der at (312)	609-7	500	
	Name of Persor	ı A	rea Code	Daytime Telep	hone 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		
Please		the following amount: to: FLORIDA DEPAR S78.75 Filing Fee Certificate of Stat	& □ \$78.	TATE 75 Filing Fee & ified 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.

1.	dc Value Added Service	Technologies, Inc.			
	poration: must include "INCORPORATED," 'p." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATIO	Э, "		
(If name unavailab	ole in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)		
2.	Illinois 36-3695343				
	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	March 2, 1990 5.		Perpetual		
(Date o	(Date of incorporation) (Date of duration, if other than perpetual)				
5.	Upon registration				
<i></i>	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)		
1319 Butterfield Road, Suite 504, Downers Grove, IL 60515					
•	(Principal office	street address)			
	Same as abo	ove	N		
	(Current mailing a	address, if different)	INCREI		
3. Name and street	address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)			
Name:	Cogency Global Inc.	<u> </u>	SECTOR AND LEED		
Office Address:	115 North Calhoun Street, Suite 4		투번 문		
	Tallahassee, Florida	. Florida 32301	ラボ あ		
	(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 agent's signature)

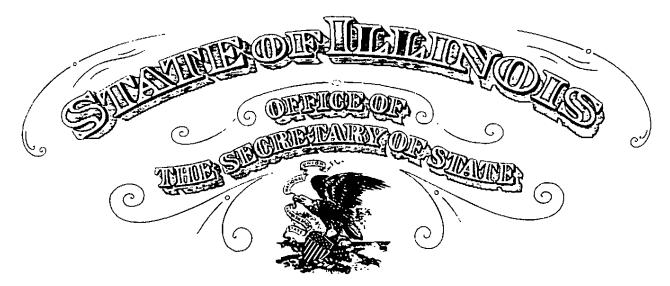
Assistent Screetary

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 Donald M. Swanson Robert Swanson □ Chairman □ Chairman Name: Name: 1319 Butterfield Rd., Ste. 504 1319 Butterfield Rd., Ste. 504 Address: _ □ Vice Chairman Address: ☐ Vice Chairman Downers Grove, IL 60515 Downers Grove, IL 60515 ■Director □Director □ President ■President □ Vice President □ Vice President □ Secretary ☐Treasurer Secretary ☐ Treasurer CEO □Other _____ □Other _____ □Other ☐Other _____ Samuel Petras $\Box Chairman$ Name: ___ □ Chairman Name: 1319 Butterfield Rd., Ste. 504 □ Vice Chairman Address: □ Vice Chairman Address: Downers Grove, IL 60515 □ Director □Director □President □President ■ Vice President _ □Vice President ■Treasurer □ Secretary □Treasurer □ Secretary ☐Other _____ □Other _____ □Other _____ □Chairman Name: _____ □Chairman Name: □ Vice Chairman Address: □ Vice Chairman Address: □Director □Director □President □President □Vice President ____ □Vice President □Treasurer □ Secretary □Treasurer □ Secretary ☐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 -Docusioned by: I to the index when filing your Florida Department of State Annual Report form. 7/17/2023 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. Samuel Petras. Vice President and Treasurer

File Number

5586-357-1



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

DC VALUE ADDED SERVICE TECHNOLOGIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 02, 1990, 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 JULY A.D. 2023 .

Authentication #: 2319803656 verifiable until 07/17/2024

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