F230000005816

(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:					





300416766173

10/06/23--01015--004 ++78.00

7. -- 1. -- 1. -- 1. 2.

COVER LETTER

то:		tration Section on of Corporations		
SUBJ	ECT:	Antares Designs, Ltd.		
			of corporation - mus	st include suffix
Dear S	ir or M	adam;		
"Certif	icate of		e of Good Standing"	rization to Transact Business in Florida," and check are submitted to register the lorida.
Please	return a	all correspondence concerr	ning this matter to the	following:
Carol K	Gregel			
			Name of Person	1
Kellehe	er Holla:	nd, LLC		
		<u> </u>	Firm/Company	
102 S.	Wynsto	ne Park Drive		
			Address	
North E	3arringti	on, IL 60010		
			City/State and Zip	code
ckregel	@kellel	erholland.com		
		E-mail addres	s: (to be used for futu	re annual report notification)
For fur	ther inf	ormation concerning this r	natter, please call:	
Carol Kregel 847		847 713	3-1355	
	Name	of Person	Area Code	Daytime Telephone Number
	Regist Division The Co 2415 N	ET/COURIER ADDRES ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 819 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclose	ed is a c	heck for the following am	ount:	

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee &

☐ \$78.75 Filing Fee &

□ \$87.50 Filing Fee,

■ \$70.00 Filing Fee

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.	Antares Designs	s, Ltd.		
	(Enter name of c	orporation; must include "INCORPORATED," огр," "Inc," "Co," ог "Corp.")	'COMPANY," "CORPORATION,"	
	Antares Designs	s Corp.		
	(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busin	ness in Florida)
2.	Delaware 3		93-2144994	
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicabl	le)
4.	June 23, 2023	5		
1.	(Date	of incorporation)	(Date of duration, if other than pe	rpetual)
6.	N/A			
٠.		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration)	
	850 New Burton	Road, Suite 201, Dover, DE 19904	2.1.3 to determine penatty flating)	
7				
	117 Cook Str	(Principal office	street address)	
	117 3. Cook stie	et, Suite 141, Barrington, IL 60010		
		(Current mailing)	address, if different)	2670 (
8.	Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	
	Name:	Andrew J. Kelleher, Jr.		,
~ (1100 5th Avenue South, Suite 410	_	?
OI	fice Address:	-	_	4: 21
		Naples	Florida <u>34102</u>	¹ 15
		(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)

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 Luis Mota □ Chairman Name: □ Chairman 117 S. Cook Street #141 ☐ Vice Chairman Address: Address: □ Vice Chairman Barrington, IL 60010 ■ Director □Director President □ President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer Other □Other ____ Other____ Other _____ Christopher Suess □ Chairman Name: Chairman Name: 117 S. Cook Street #141 ☐ Vice Chairman Address: ___ ☐ Vice Chairman Address: Barrington, IL 60010 ■Director □Director **President** □President □Vice President _____ □Vice President **■**Secretary □Treasurer □ Secretary ☐ Treasurer □ 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 ______ attachment to report more that six (6). The attachment will be imaged for reporting purposes only. Non-indexed Important Arrice: added to the index when illing your rivirda Department of State Annual Report form. individuals as 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.

13. Luis Mota, President

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANTARES DESIGNS, LTD." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANTARES DESIGNS, LTD." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Jerirey W. Bullock, Secretary of State

Authentication: 204234970

7531052 8300