

F2300000620

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)280-3338

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: gloria@lead222.com

2023 NOV 28 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL
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03/11/25
STATE
CORPORATIONS
FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
LEAD 222 UNITED LTD

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Lead222 United, LTD Corporation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. IL 3. 45-1243350
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 11, 2011 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2413 W Algonquin Rd #143, Algonquin, IL 60102
(Principal office street address)

(Current mailing address, if different)

8. Employment of person living in Florida in order to pay him
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (Zip Code)

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10. 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.

By Rachel O'Connor C T Corporation System
Rachel O'Connor, Assistant Secretary
(Registered agent's signature)

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Michael Boshers

Vice Chairman Address: 2413 W Algonquin Rd #143

Director Algonquin, IL 60102

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Charles Thurman

Vice Chairman Address: 2413 W Algonquin Rd #143

Director Algonquin, IL 60102

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Gloria Boshers

Vice Chairman Address: 2413 W Algonquin Rd #143

Director Algonquin, IL 60102

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Dave Keelin

Vice Chairman Address: 2413 W Algonquin Rd #143

Director Algonquin, IL 60102

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Tim Homa

Vice Chairman Address: 2413 W Algonquin Rd #143

Director Algonquin, IL 60102

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Tim Mannin

Vice Chairman Address: 2413 W Algonquin Rd #143

Director Algonquin, IL 60102

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. *Gloria Boshers*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gloria Boshers
(Typed or printed name and capacity of person signing application)

File Number

6787-040-9

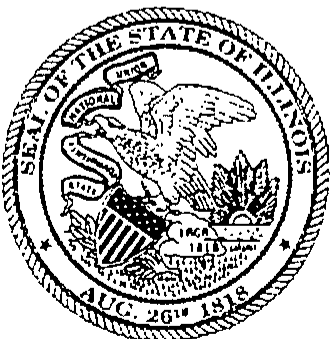


To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

LEAD222 UNITED, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 31, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT 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 21ST day of NOVEMBER A.D. 2023 .



Authentication #: 2332500522 verifiable until 11/21/2024

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

A handwritten signature in black ink, appearing to read "Alexi Giannoulis".

SECRETARY OF STATE