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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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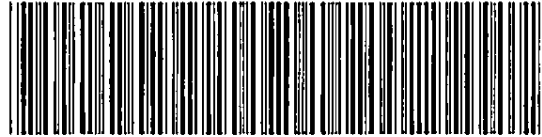
(Business Entity Name)

(Document Number)

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JAN 05 2024

K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOVITZ SHIFRIN NESBIT, A PROFESSIONAL CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DEBRA A. GORTZ

Name of Person

KOVITZ SHIFRIN NESBIT

Firm/Company

175 N. ARCHER AVE.

Address

MUNDELEIN, IL 60060

City/State and Zip code

dgortz@ksnlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBRA GORTZ

Name of Person

at (847) 777-7328

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

1. KOVITZ SHIFRIN NESBIT, A PROFESSIONAL CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

KOVITZ SHIFRIN NESBIT, INC., AN ILLINOIS PROFESSIONAL ASSOCIATION

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

2. ILLINOIS 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-27-1983 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 175 N. ARCHER AVE., MUNDELEIN, IL 60060
(Principal office street address)

(Current mailing address, if different)

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

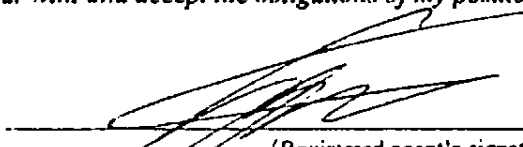
Name: CORY KRAVIT

Office Address: 2101 NW CORPORATE BLVD. STE 410

BOCA RATON, Florida 33431
(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.

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

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A. DIRECTORS

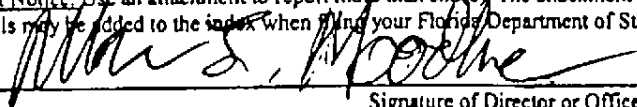
☐ Chairman Name: Ryan H. Shpritz
☐ Vice Chairman Address: 175 N. Archer Ave.
☐ Director Mundelein, IL 60060
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert B. Kogen
☐ Vice Chairman Address: 175 N. Archer Ave.
☐ Director Mundelein, IL 60060
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: John H. Bickley, III
☐ Vice Chairman Address: 175 N. Archer Ave.
☒ Director Mundelein, IL 60060
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

* See additional Director list attached.

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.

12. 
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. MATTHEW L. MOODHE, SECRETARY
(Typed or printed name and capacity of person signing application)

☐ Chairman Name: Matthew L. Moodhe
☐ Vice Chairman Address: 175 N. Archer Ave.
☐ Director Mundelein, IL 60060
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert P. Nesbit
☐ Vice Chairman Address: 175 N. Archer Ave.
☒ Director Mundelein, IL 60060
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David M. Bendoff
☐ Vice Chairman Address: 175 N. Archer Ave.
☒ Director Mundelein, IL 60060
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

11a. ADDITIONAL DIRECTORS:

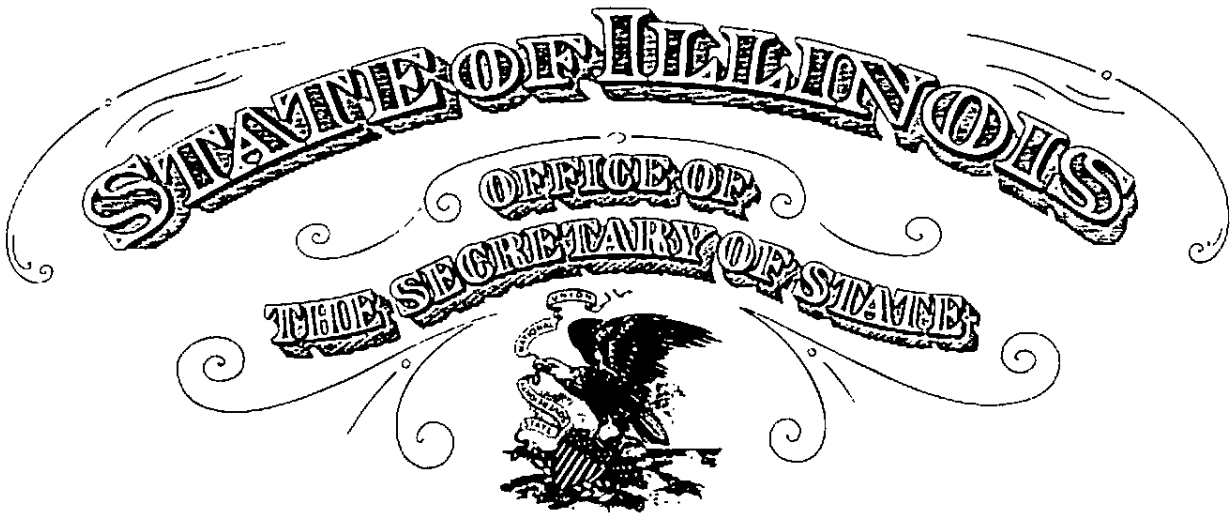
Kerry T. Bartell
175 N. Archer Ave.
Mundelein, IL 60060

Michael G. Kreibich
175 N. Archer Ave.
Mundelein, IL 60060

Kelly C. Elmore
175 N. Archer Ave.
Mundelein, IL 60060

File Number

5306-966-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

KOVITZ SHIFRIN NESBIT, A PROFESSIONAL CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1983, 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 12TH
day of OCTOBER A.D. 2023 .*

