# F240000000400

(Requestor's Name)	
(Address)	
(Address)	<u>.                                      </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Productivity Portners, NC.  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:
Productivity Partners, Inc.
191 S. OCEAN OF PH 515  Address
Melvfield Beach, FL. 33441-6110 City/State and Zip code
Melissa and 219 code  Melissa and 219 code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Wrich at 500 528-9300  Name of Person 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 & \$87.50 Filing Fee, Certificate of Status  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.
Drank partners Loc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
Productivity Partners Consulting
(If name unavailable in Florida, enter alternate dorporate name adopted for the purpose of transacting business) in Florida)  2.
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
Notable 12 2017
4. (Date of incorporation) 5. (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. (Principal office street address)
(Thielpar office <u>street</u> address)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: MPICSCI WINCH
23.0
*, ) \ J
Deerfield Black Florida 33441 2 8
(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.
musy filler
(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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	Name: MOLISSA WY.CM		
Chairman	Address: 191 S. October	□ Chairman	Name:
□ Vice Chairman	Address: 191 5 Octor DV	□Vice Chairman	Address:
□Director	MAN ACLI BO OLET	Director	
D'resident	Deertield Beach, FL	33YU \ 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
□Chairman	Name:	□Chairman	Name:
	Name:	□Chairman □Vice Chairman	Name:
□ Vice Chairman		□Vice Chairman	
□ Vice Chairman □ Director □ President	Address:	□Vice Chairman □Director	
□ Vice Chairman □ Director □ President	Address:	□Vice Chairman □Director □President	Address:
□ Vice Chairman □ Director □ President □ Vice President	Address:	□ Vice Chairman □ Director □ President □ Vice President	Address:
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other □ Important Notice: Unidividuals may be	Address:	□Vice Chairman □Director □President □Vice President □Secretary □Other hment will be imagent of State Annual Re	Address:
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Address:	□Vice Chairman □Director □President □Vice President □Secretary □Other hment will be image at of State Annual Re	Address:
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other □ Important Notice: Undividuals may be 12. □ The officer or direct	Address:	□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other hment will be imagent of State Annual Record Officer	Address:
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other □ Important Notice: Undividuals may be 12. □ The officer or direct she is aware that fa	Address:	□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other  hment will be imaged of State Annual Resident Officer 11 above) affirms the nent of State constitution	Address:

#### File Number

7150-351-8



## 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

PRODUCTIVITY PARTNERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 23, 2017, 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 14TH day of DECEMBER A.D. 2023 .

Authentication #: 2334802888 verifiable until 12/14/2024

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

PERPETABLINE STATE