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(Requestor's Name)						
(Address)						
(Address)						
(* tod. (COS)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Sasament Namber)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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2024 JAN 22 PM 1: 00
STATE TALLAHASSEE, FLORID,

COVER LETTER

	tration Section						
SUBJECT:	AMERICAN I	ORTABLE TRU	JCK INSPECT	מו אסוז	lC .		
SUBJECT.		Name of	corporation -	must i	nclude suffix		
Dear Sir or M	adam:						
"Certificate o	f Existence," o	y Foreign Corp r "Certificate of poration to trar	Good Stand	ing" an	d check are subm	Business in Florida," litted to register the	
Please return	all corresponde	ence concerning	this matter t	o the fo	ollowing:		
GEORGE CEO	CALA						
	·		Name of P	erson			
CECALA & A	SSOCIATES IN	NC.					
			Firm/Comp	any			
400 W LAKE	STREET SUITI	E 218					
			Addres	S			
ROSELLE, IL	LINOIS 60172						
			City/State an	d Zip co	ode		
GEOCECALA	a@SBCGLOBA						
	Ë	-mail address: (to be used fo	r future	e annual report no	etification)	
For further in	formation cond	erning this mat	ter, please ca	11:			
GEORGE CE	CALA	31	630	924-	24-1990 Daytime Telephone Number		
Nam	e of Person		Area Code		Daytime Telepho	one 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 Please make el	neck payable to:	following amou FLORIDA DEF \$78.75 Filing Certificate of	Fee &	\$78.75	ATE Filing Fee & led 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 697.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

AMERICAN PO	RTABLE TRUCK INSPECTION,INC					
(Enter name of co	orporation; must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATI	ION,"			
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transac	cting business in Florida)			
LLINOIS	3.	87-0861336				
(State or country	under the law of which it is incorporated)	(FEI number, if applicable) PERPETUAL. 5.				
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)				
I.						
·	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty lia	bility)			
, 5342 EAST AVEI						
	(Principal off	ice street address)				
COUNTRYSIDE	., ILL.NOIS 60625					
	(Current maili	ng address, if different)	i 5.3			
		0.0. 2100. (111.)	FILI 2024 JAN 22 SECRETARY TALLAHASSE			
i. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)				
Name:	PAUL ALTMANN		22 NSS			
Office Address:	1136 SE OSCEOLA STREET #2					
Office Address.	STUART	, Florida				
	(City)	(Zip code)	DA TEA			
Having been nam designated in this further agree to co and I am familiar	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	ment as registered agent and c relative to the proper and com osition as registered agent. signature)	ugree to act in this capacity. uplete performance of my dut			
10. Attached is a	certificate of existence duly authenticated	l, not more than 90 days prior t	o delivery of this application			

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

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

A. DIRECTORS ANTHONY R PONTILLO, SR. Name: _____ Chairman Chairman 329 SOMERSET ROAD Vice Chairman Address: ☐ Vice Chairman Address: WILLOWBROOK, IL 60527 Director Director □President President ☐ Vice President ■ Vice President ☐ Treasurer ☐ Secretary ☐ Treasurer ■ Secretary □ Other _____ Other _____ □Other _____ □Other _____ □ Chairman Name: ______ □ Chairman Address: ☐ Vice Chairman Address: _____ □ Vice Chairman Director □ Director □ President President ☐ Vice President ☐ Vice President Treasurer ☐Secretary Treasurer ☐ Secretary Other _ ☐()ther ______ □Other _____ □ Other _____ Name: Name: □Chairman □ Chairman Address: _ □Vice Chairman □Vice Chairmar: Address: ______ □ Director ☐ Director ☐ President President | □Vice President □Vice President _____ Treasurer □ Secretary [] Treasurer □ Secretary □Other _____ □ Other _____ □Other _____ Important Motice: Usy 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 Gling your Florida Department of State Annual Report form. 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. ANTHONY R PONTILLO, SR. - PRESIDENT

File Number

7311-720-8



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

AMERICAN PORTABLE TRUCK INSPECTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 2021, 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 15TH day of JANUARY A.D. 2024.

Authentication #: 2401500884 verifiable until 01/15/2025

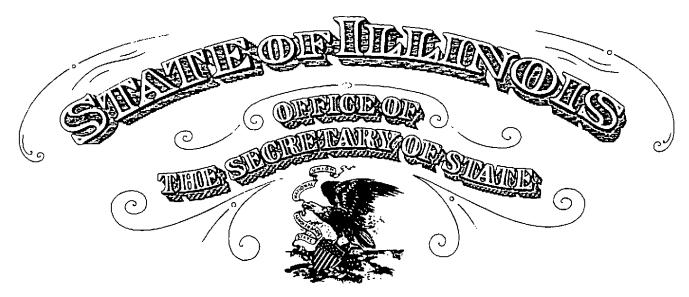
Authenticate at: https://www.ilsos.gov

Alexi Gianard

SECRETARY OF STATE

File Number

7311-720-8



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Alexi Sianarul SECRETARY OF STATE