F24000002912

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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K. SALY JUN - 4 2024

COVER LETTER

	egistration Section ivision of Corporations				
	BLACKSTONE ELEVATOR CONSUL	TING INC			
Name of corporation - must include suffix					
Dear Sir o	r Madam:				
"Certificat		for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.			
Please rett	irn all correspondence concerning this ma	itter to the following:			
MATTHE	W JACKSON				
	Namo	of Person			
BLACKST	ONE ELEVATOR CONSULTING INC				
	Firm/G	Company			
825 W ST	ATE ST_SUITE 204				
	A	ddress			
GENEVA,	IL 60134				
	City/Sta	te and Zip code			
FRANK@	YOURCPA.GURU				
	E-mail address: (to be us	ed for future annual report notification)			
For furthe	r information concerning this matter, plea	se call:			
FRANK R	EINSCHREIBER 630	8086882			
N	lame 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			
Please mak	is a check for the following amount: c check payable to: FLORIDA DEPARTM! Filing Fee	ENT OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

(If name unavails	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transactin	g business in Florida)
ILLINOIS		88-0963476 3	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/01/2022		5	
	of incorporation)	(Date of duration, if other	than perpetual)
753 HERITAGE	•	.1502, F.S., to determine penalty liabili	ity)
· <u></u>	WAY	office street address)	(y)
· <u></u>	WAY (Principal of SUITE 204 GENEVA, IL 60134	· ·	
825 W STATE S	WAY (Principal of SUITE 204 GENEVA, IL 60134	office street address) iling address, if different)	2024 5-1 7-1
825 W STATE S	WAY (Principal of the Control of th	office street address) iling address, if different)	2024 5-1 7-1
825 W STATE S 8. Name and stree Name:	WAY (Principal of T. SUITE 204 GENEVA, IL 60134 (Current mater address of Florida registered agent: (I	office street address) iling address, if different)	2024 5-1 7-1
825 W STATE S Rame and street	(Principal of T. SUITE 204 GENEVA, IL 60134 (Current man et address of Florida registered agent: (I. MATTHEW JACKSON 753 HERITAGE WAY	office street address) iling address, if different)	

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	MATTHEW IACKSON		HISTIN' DICHADING				
□ Chairman	Name: MATTHEW JACKSON	□Chairman	Name: JUSTIN RICHARDS				
□Vice Chairman Address: 825 W STATE ST SUITE 204		Vice Chairman	Address:				
Director	GENEVA, IL 60134	Director	GENEVA, IL 60134				
President		□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	Address:				
□President		□President	- 30				
□Vice President		□Vice President	- P C				
Secretary	Treasurer	☐ Secretary	□Treasurer 5				
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				
Important Notice: Use an affachment 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.							
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.							

File Number

7365-292-8

FILED

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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

BLACKSTONE ELEVATOR CONSULTING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 01, 2022, 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 2ND

day of

MAY

A.D. 2024

Authentication #: 2412303874 verifiable until 05/02/2025

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

SECRETARY OF STATE