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# **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_\_

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:

Joseph Walters, Esq.					
-		Name o	of Perso	n	
Meenan, P.A.					
		Firm/Co	mpany		
P.O. Box 11247					
		Ado	dress		
Tallahassee, FL 32302					
	,	City/State	and Zi	o code	
meredith@meenanlawfirm	n.com				
	E-mail address:	(to be use	d for fu	ure annual report i	notification)
For further information	concerning this ma	tter, pleas	e call:		
Meredith Langford, RP, F	RP	850 at (	43	25-4000	
Name of Perso		Area Co	ode	Daytime Telep	hone Number
Registration Se Division of Co The Centre of T	porations 'allahassee e Street, Suite 810	:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for Please make check payabl \$70.00 Filing Fee	e to: FLORIDA DE	PARTME: ; Fee &	🗆 \$78	STATE .75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

#### DocuSign Envelope ID: C94BB078-87B3-42CC-B304-A08E811DE0C1

## 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.

FIRST US WARRANTY TRI, INC.

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

Illinois		3.		
			(FEI number, if applicabl	e)
08/28/2023		5. P	erpetual	
(Date	of incorporation)		(Date of duration, if other than pe	rpetual)
	(Date first transacted bu: (SEE SECTIONS 607.1501 &	siness in F 2 607.150	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
10 Illinois Street.	Suite 110, St. Charles, IL, 60174			
	(Princ	ipal office	street address)	
10 Illinois Street,	Suite 110, St. Charles, IL, 60174			
	(Curren	nt mailing	address, if different)	
Name and stree	<u>et address</u> of Florida registered ager	nt: (P.O.	Box <u>NOT</u> acceptable)	105 t 202
Name:	Registered Agents Inc			
ffice Address:	7901 4th St N STE 300			ן ק ד
	St. Petersburg		. Florida	

#### 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.

DocuSign Envelope ID: C94BB078-87B3-42CC-B304-A08E811DE0C1

#### A. DIRECTORS

•

□ Chairman	William Robert Messer	⊡Chairman	Todd Charles Green
□Vice Chairman	10 Illinois Street	□Vice Chairman	2400 Tamiami Trail, N. Address:
Director	Suite 110	GDirector	Suite 401
@President	St. Charles, IL, 60174	President	Naples, FL 34103
□Vice President		□Vice President	
Secretary	Treasurer	I Secretary	□Treasurer
□Other	□ Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	- <u></u>
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	Treasurer
□Other	Other	□Other	Other
		□ Chairman	Name:
□Chairman	Name:		
□Vice Chairman	Address:	Uvice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□Vice President	
	Treasurer	□Secretary	
□Other	Other	□Other	Other

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 tiling your Florida Department of State Annual Report form.

12. EC3EC2515757428

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.

William Robert Messer, President & Director 13.



7436-126-9

File Number

# 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

FIRST US WARRANTY TRI, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 28, 2023, 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 20TH day of JUNE A.D. 2024 .

Authentication #: 2417203588 verifiable until 06/20/2025 Authenticate at: https://www.ilsos.gov

SECHETARY OF STATE



June 28, 2024

Via Certified Mail

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Re: First US Warranty Assurance Tri Inc. Application for Certificate of Authority

Dear Sir or Madam,

Please find enclosed the following documents on behalf of First US Warranty Tri Inc.:

- Signed Application for Certificate of Authority;
- Check in the amount of \$70.00; and
- Certificate of Good Standing.

Should you have any questions or require anything additional in support of the enclosed application, please do not hesitate to contact our office.

Sincerely,

Meredith A. Lanford, RP, FRP Paralegal meredith@meenanlawfirm.com

/mal Enclosures

