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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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August 6, 2024

LINDSEY BATEMAN 300 MADISON AVE, #900 TOLEDO, OH 43604 US

SUBJECT: OPTEON APPRASIAL, INC.

Ref. Number: W24000110711

We have received your document for OPTEON APPRASIAL, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 124A00017355

Ariel Jones Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT. Opteon Appraisal, Inc.			
SC DU		oration - mu	st include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporat Teate of Existence," or "Certificate of Go referenced foreign corporation to transact	od Standing'	and check are subr	
Please	return all correspondence concerning this	s matter to th	e following:	
	Lindse	ey Bateman		
		ame of Perso	n	<u></u>
	Opteo	n Appraisal, Ir	nc.	
	Fi	rm/Company		
	300 N	Madison Ave, f	1 900	
		Address		
	Tol	ledo, OH 4360	4	
	City	/State and Zi	p code	
		fo@opteonus		
	E-mail address: (to b	e used for fu	ture annual report n	otification)
For fur	ther information concerning this matter,	please call:		
	Lindsey Bateman			
	at (916) rea Code	580-3141 Daytime Teleph	none Number
	. Tambe of Leison.	ica code	Daytime relept	ione i vamoei
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	ection orporations
Please	nake check for the following amount: make check payable to: FLORIDA DEPAR' 0.00 Filing Fee S78.75 Filing Fee Certificate of Stat	& 🗆 \$78	STATE 3.75 Filing Fee & rtified 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.

Opteon Appraisal, Inc.

under the law of which it is incorporated.

(If name unavaila	ble in Florida, enter alternate corporate t	name adopted for	the purpose of transacting busines	s in Florida)	
2. Delaware		3	38-4152455 (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporate	ed)	(FEI number, if applicable)		
4. 2/20/20		5			
We were registered	of incorporation) as a domestic corporation, entity number P21000 omer service at the Div. of Corp., we were to disso	081180. We filed inco	rrectly as a domestic and should have bee		⁹ er
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6			24	SIVIC
7. 5500 Pearl St	Ste 260, Rosemont, IL 60018			<u>~</u>	Sign
	(Principa	al office <u>street</u> ad	dress)	25	OF CO
	(Current i	mailing address, it	different)	<u> </u>	중 공 공
3. Name and stree	<u>t address</u> of Florida registered agent:	(P.O. Box <u>NO</u>	<u>T</u> acceptable)	50 th	RATIONS
Name:	Registered Agent Solutions, Inc.				
Office Address:	2894 Remington Green Ln., Ste. A				
	Tallahassee	, Flor	ida <u>32308</u>		
	(City)	, Flor	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ed as registered agent and to accept application, I hereby accept the app omply with the provisions of all state with and accept the obligations of n	ointment as reg utes relative to t	istered agent and agree to act he proper and complete perfor	in this capac	ity. I

1) For initial indexing nurposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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

A. DIRECTORS Chris Knight □ Chairman Chairman Name: Name: Lisa Billington Address: 5500 Pearl St, Ste 260 □Vice Chairman □Vice Chairman Address: 5500 Pearl St. Ste 260 Rosemont, IL 60018 (X) Director Rosemont, IL 60018 Director ☑ President □ President □Vice President □ Vice President □Treasurer ☐ Secretary ☐ Treasurer **⊠**Secretary Other ____ Other □Other _____ Other _____ □ Chairman Name: James Harkness □Chaiπnan Name: □ Vice Chairman Address: 5500 Pearl St, Ste 260 Address: ☐ Vice Chairman □ Director Rosemont, IL 60018 ☐ Director □President □ President □ Vice President □ Vice President ☐ Secretary XITreasurer ☐ Secretary ☐Treasurer □Other _____ □Other _____ Other _____ □Other_____ Name: Name: _____ □ Chairman ☐Chairman □Vice Chairman Address: ______ Address: □ Vice Chairman Director □ Director □President ☐ President □Vice President □Vice President □ Secretary Treasurer ☐ Secretary Treasurer 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 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

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 Chris Knight, President

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPTEON APPRAISAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JUNE, A.D. 2024.



Authentication: 203767164

Date: 06-21-24



AFFIDAVIT FOR CORPORATE NAME RELEASE

State of Ohio, County of Lucas

Before me, the undersigned authority, personally appeared Chris Knight who, being duly sworn, deposes and says:

- 1. I am the President of Opteon Appraisal, Inc., a Delaware corporation, with its principal place of business located at 5500 Pearl St, Ste 260 in the City of Rosemont, County of Cook, State of Illinois, Zip Code 60018.
- 2. The current legal name of the corporation is Opteon Appraisal, Inc. as stated in the articles of incorporation or other governing documents filed with the State of Delaware.
- 3. The corporation was previously filed incorrectly as a Domestic corporation in Florida under the name Opteon Appraisal, Inc., entity number P21000081180.
- 4. Due to the error in filing as a Domestic corporation, at the direction of Customer Service with the Florida Department of State, Division of Corporations, we were to dissolve the Domestic corporation and refile as a Foreign corporation, which we did.
- 5. The name Opteon Appraisal, inc. belongs to us. The corporation intends to release the use of the Domestic name listed above and operate solely under its current legal name, Opteon Appraisal, Inc. as a Foreign corporation in Florida.
- 6. I, Chris Knight, have the authority to make this affidavit on behalf of the corporation and to bind the corporation to this affidavit.
- 7. I understand that by signing this affidavit, the Domestic corporation, Opteon Appraisal, Inc., is releasing any rights to use the Domestic name listed herein to Opteon Appraisal, Inc., the Foreign corporation. We will allow Opteon Appraisal, Inc. to exclusively operate under its current legal name in all business and legal matters as a Foreign corporation in Florida.

8. I declare under penalty of perjury that the foregoing is true and correct.

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AUG 2 2 2024

Sworn to and subscribed before me this W day of Aug. 2024

County of: LUCAS

My commission expires: 9/22/25

Signature 61 Notary

NICOLE L BRAZEAU Notary Public State of Ohio My Comm. Expires September 22, 2025