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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|  | stration Section<br>Sion of Corpor |   |              |  |  |  |
|--|------------------------------------|---|--------------|--|--|--|
| SUBJECT:   | Camtech Serv                       | rices, Inc.   |              |  |  |  |
| Obbotic I.   |                                    | Name of corpo   | ration - m   | ust include suffix                                 |  |  |
| Dear Sir or M  | fadam:                             |   |              |  |  |  |
| "Certificate o   | of Existence,"                     | by Foreign Corporation "Certificate of Good<br>progration to transact b         | l Standing   | " and check are subi                               | t Business in Florida,"<br>nitted to register the  |  |
| Please return  | all correspond                     | lence concerning this r   | natter to th | ne following:                                      |  |  |
| Debbie Meling  | ger                                |   |              |  |  |  |
|  |                                    | Nan   | ne of Pers   | on   |  |  |
| Firsel Ross Gu   | assis & Alexano                    | ler   |              |  |  |  |
|  |                                    | Firm  | /Compan      | y  |  |  |
| 10 Parkway N   | orth Blvd., Suit                   | e 110   |              |  |  |  |
|  |                                    |   | Address      |  |  |  |
| Deerfield, IL 6  | 50015                              |   |              |  |  |  |
|  |                                    | City/S  | tate and Z   | ip code  |  |  |
| dmelinger@fi   |                                    |   |              |  |  |  |
|  | 1                                  | E-mail address: (to be  | used for fu  | iture annual report n                              | otification)   |  |
| For further in   | formation con                      | cerning this matter, ple  | ease call:   |  |  |  |
| Debbie Meling  | ger                                | 847   | ) :          | Daytime Teleph                                     |  |  |
| Nam  | e of Person                        | Area  | Code         | Daytime Teleph                                     | ione Number  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |                                    |   |              | Registration Se<br>Division of Co<br>P.O. Box 6327 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |
|  | neck payable to:                   | following amount:  FLORIDA DEPARTM  \$78.75 Filing Fee &  Certificate of Status | □ \$78       | STATE<br>8.75 Filing Fee &<br>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.

| ١,                                    | es, Inc.  |   |                    |
|---------------------------------------|---|---|--------------------|
| (Enter name of c<br>"Inc.," "Co.," "C | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")   | COMPANY," "CORPORATION,"                    |                    |
| (If name unavail                      | able in Florida, enter alternate corporate name add   | opted for the purpose of transacting bu     | siness in Florida) |
| Illinois                              |   |   |                    |
| (State or counti                      | y under the law of which it is incorporated)  | (FEI number, if application                 | able)              |
| May 22, 2007                          |   |   |                    |
| (Date                                 | of incorporation) 5   | (Date of duration, if other than perpetual) |                    |
|                                       |   |   |                    |
| ·                                     | (Principal office   | street address)                             |                    |
|                                       |   |   |                    |
|                                       | (Current mailing a  | ddress, if different)                       |                    |
| . Name and <u>stree</u><br>Name:      | (Current mailing a et address of Florida registered agent: (P.O. E Registered Agent Solutions, Inc.                       | ,   | 2024 SEP 2         |
| Name:                                 | et address of Florida registered agent: (P.O. E   | ,   | 2024 SEP 25 P      |
|                                       | et address of Florida registered agent: (P.O. E<br>Registered Agent Solutions, Inc.<br>2894 Remington Green Lane, Suite A | ,   | 2024 SEP 25 PH 2:  |

#### 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.

Ryan DeAnda, Asst. Sec.

(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.

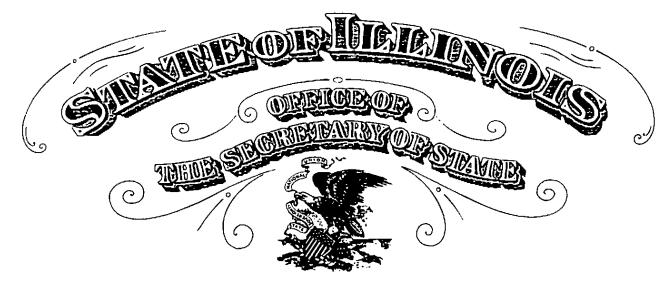
#### A. DIRECTORS Paul Camacho Chairman Name: □ Chairman Name: \_\_\_\_\_ 3332 Dandolo Circle ☐ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ Cape Coral, FL 33909 ■ Director □ Director ■ President President □Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □ Other \_\_\_\_\_ Other\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Chairman Name: \_\_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □Director ☐ Director □President □ President ☐ Vice President ☐ Vice President ☐ Secretary □ Treasurer □ Secretary □Treasurer □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 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. dru-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 of 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.

Paul Camacho, President and Director

## File Number

6552-601-8



# 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

CAMTECH SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 22, 2007, 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 16TH day of SEPTEMBER A.D. 2024.

Authentication #: 2426002056 verifiable until 09/16/2025

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

Alexi Geoment

SECRETARY OF STATE