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T. LEMIEUX
JAN 09 2025

### **COVER LETTER**

_	stration Section sion of Corporations					
SHRIECT:	Elite Woodworking Inc.					
	Name of corporation - must include suffix					
Dear Sir or M	Aadam:					
"Certificate o	"Application by Foreign Corp of Existence," or "Certificate of need foreign corporation to tran	Good Stand	authorization to Transact Business in Florida." ing" and check are submitted to register the s in Florida.			
Please return	all correspondence concerning	this matter t	to the following:			
Elizabeth Mer	ndez Salom					
		Name of P	Person			
Elizabeth Mer	ndez Salom, P.A.					
		Firm/Comp	pany			
3105 NW 107	Ave, Suite 103					
· · · · · · · · · · · · · · · · · · ·		Addres	SS			
Doral, FL 331	72					
		City/State an	d Zip code			
elitewoodwor	kinginc@gmail.com					
	E-mail address: (	to be used fo	or future annual report notification)			
For further in	nformation concerning this mat	ter, please ca	ıll:			
Elizabeth Mer	ndez Salom	(786	2227758			
Nan	ne 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			
Enclosed is a Please make c \$70,00 Fi	a check for the following amount theck payable to: <b>FLORIDA DEP</b> ling Fee	ARTMENT Fee &	OF STATE  \$78.75 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.

L. Elite Woodworl	king Inc.			
(Enter name of c	corporation; must include "INCORPORATEI Corp," "Inc." "Co," or "Corp.")	D." "COMPANY." "CORPORATION,"		
Elite Woodworl	king South Inc.			
(If name unavail	lable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting bus	iness in Florida)	
2. Illinois	3	46-3124026		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. July 4th, 2013	5	. N/A	<u></u>	
	e of incorporation)	(Date of duration, if other than p	erpetuál)	
6. N/A			(1)	
···		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	5	
7 109 Stirrup Key	Woods Rd., Apt 1B2, Marathon, FL 33050			
/·		ffice street address)	,	
SAME			02	
	(Current mail	ling address, if different)	<del></del>	
8. Name and stre Name: Office Address:	et address of Florida registered agent: (P Morgan Fredricks 109 Stirrup Key Woods Rd. Apt 1132  Marathon (City)	.O. Box NOT acceptable) , Florida 33050 (Zip code)		

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.

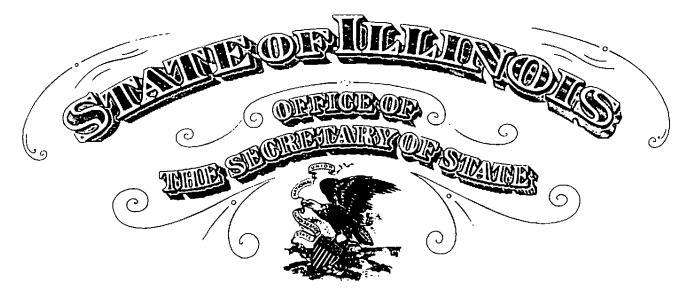
(Registered agent's signature)

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				
□Chairman	Name: Morgan Fredricks	□Chairman	Name:	
□Vice Chairman	Address: 109 Stirrup Key Woods Rd	□Vice Chairman	Address:	
□Director	Apt. 1B2, Marathon, FL 33050	Director		
President		□President		
□Vice President	<del></del>	□Vice President		
☐ Secretary	☐'freasurer	☐ 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
□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
The officer or dire she is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The atternation and the index when filing your Florida Department of Director signing this document (and who is listed in number also information submitted in a document to the Department of President	nent of State Annual R or Officer  per 11 above) affirms t	teport form.	ed herein are true and that he or
13. Morgan 176	(Typed or printed name and capacity of per	son signing application	n)	

#### File Number

6909-687-5



## 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

ELITE WOODWORKING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 04, 2013, 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 day of DECEMBER A.D. 2024

Authentication #: 2433704786 verifiable until 12/02/2025

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