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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	05/21/2025	
Name:	Cheyanne Davis	_
Reference #	2773190	_
		NSTRUCTION CORP. OF ILLINOIS, INC.
✓ Article	es of Incorporation/Authorization	i to Transact Business
Amen	ndment	
Chan	ge of Agent	
Reins	statement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
☐ Other		
Authorized A	Amount: \$70.00	
Signature:	Ohyma Paire	

under the law of which it is incorporated.

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.

2. illinois (State or country under the law of which it is incorporated) 4. 11/13/2001 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 110 Ridge Avenue, Bloomingdale, II, 60108 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global, Inc. 115 North Calhoun Street, Suite 4	(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: Cogency Global, Inc.				
(Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1503 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: Cogency Global, Inc. (Cogency Global, Inc. (Cogency Global, Street, Suite 4)	(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: Cogency Global, Inc. Diffice Address: Tallahassee Tallahassee Florida (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual)	(If name unava	ailable in	Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name: Cogency Global, Inc. 115 North Calhoun Street, Suite 4	(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: Cogeney Global, Inc. Diffice Address: Tallahassee Florida (Perpetual (Date of duration, if other than perpetual)	illinois		3	36-4479844
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	. Florida	Name:	Co	gency Globał, Inc.	O. Box NOT acceptable)
. Florida	(City) (Zip code)	Name:	11:	gency Global, Inc. North Calhoun Street, Suite 4	
(City) (Zip code)		Name:	11:	gency Global, Inc. 6 North Calhoun Street, Suite 4 lahassee	
laving been named as registered agent and to accept service of process for the above stated corporation at the		Name: Office Address: . Registered a laving been na	Tai	gency Global, Inc. 5 North Calhoun Street, Suite 4 lahassee (City) acceptance: registered agent and to accept serv	. Florida 32301 (Zip code)
laving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa orther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	irther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Name: Office Address: Registered a laving been na esignated in th	Tai Tai agent's umed as ais appli	gency Global. Inc. i North Calhoun Street. Suite 4 lahassee (City) acceptance: registered agent and to accept servication, I hereby accept the appoint with the provisions of all statutes	. Florida 32301 (Zip code) Tice of process for the above stated corporation at the part as registered agent and agree to act in this capacite to the proper and complete performance of means as the proper and complete performance of the proper and complete performance of the performance of t
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11. For initial indexing purposes, 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

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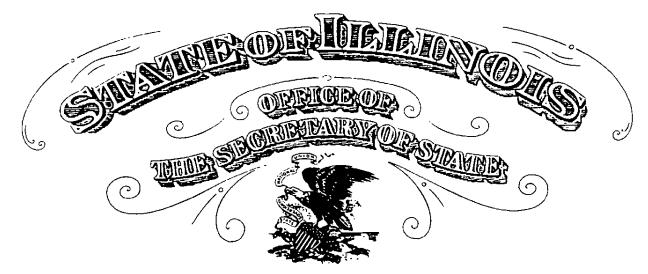
A. DIRECTORS Michael Mulizio Name: _ Anthony J. Mulizio □Chairman □ Chairman Address: ____ 110 Ridge Avenue □Vice Chairman □Vice Chairman Address: Bloomingdale, IL 60108 Bloomingdale, IL 60108 □Director □Director President □President ☐Vice President ☐ Vice President □Treasurer □ Secretary **■** Treasurer ■ Secretary □ Other ☐Other _____ □Other _____ □Other _____ Name: _____ □ Chairman □ Chairman Name: ☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □ Director □Director □President □President □Vice President □ Vice President □ Treasurer □ Secretary ☐Treasurer □ Secretary □Other _____ □Other □Other Other _____ Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director □ President President □Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □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 when the added to the index when filing your Florida Department of State Annual Report form. Anthony Mulizio 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.

, Anthony J. Mulizio, President

File Number

6187-854-8



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

PREFERRED ELECTRICAL CONSTRUCTION CORP. OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 2001, 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 21ST day of MAY A.D. 2025.

Authentication #: 2514102750 verifiable until 05/21/2026

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

SECRETARY OF STATE