

Document Number Only

F95000005852

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

400001618334
-10/24/95--01017--016
*****70.00 *****70.00

W95-21192

Ellis Corporation

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious name Filing

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call If Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

10-24-95

PLEASE RETURN EXTRA COPIES
FILE STAMPED

RECEIVED
95 OCT 24 AM 1:13
DIVISION OF CORPORATIONS
FILED
SECRETARY OF STATE
95 OCT -1 PM 2:03

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 24, 1995

CT CORPORATION SYSTEM

SUBJECT: ELLIS CORPORATION
Ref. Number: W95000021192

Ellis Corporation of Illinois

*Walk-In
Pick-up
12/1/95
3:00*

We have received your document for ELLIS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 295A00047783

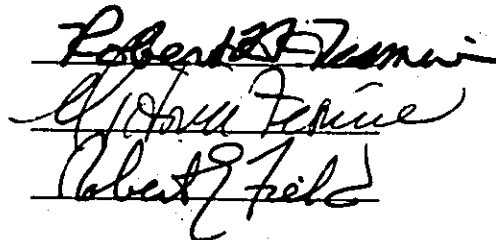
ELLIS CORPORATION
an Illinois corporation

UNANIMOUS WRITTEN CONSENT
IN LIEU OF A MEETING BY THE DIRECTORS

The undersigned, being all of the members of the Board of Directors of ELLIS CORPORATION, an Illinois corporation, do hereby vote for, consent to, authorize and adopt the following resolutions in lieu of a meeting, pursuant to Section 8.45 of the Business Corporation Act of Illinois:

RESOLUTION AUTHORIZING
ADOPTION OF ASSUMED NAME IN THE
STATE OF FLORIDA

RESOLVED, that Ellis Corporation, organized and existing in the state of Illinois, hereby adopts the name "Ellis Corporation of Illinois" for use in the State of Florida.



Being all of the members of the
Board of Directors ELLIS
CORPORATION

Dated as of November 2, 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC - 1 PM 2:03

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Ellis Corporation
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois
(State or country under the law of which it is incorporated)
3. 36-103803D
(FEI number, if applicable)
4. September 30, 1931
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Arrival
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 1400 W. Bryn Mawr Avenue, Itasca, Illinois 60143-1384

(Current mailing address)

Sale, installation and servicing of laundry machinery and water pollution
control systems.

8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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.

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

Jeffrey R. Graves, Assistant Secretary
(Type Name and Title of Officer)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC - 1 PM 2:03

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert H. Fesmire

Address: 1400 W. Bryn Mawr Ave., Itasca, IL 60143-1384

Vice Chairman: _____

Address: _____

Director: Robert E. Field

Address: 3 First National Plaza, Chicago, IL 60602

Director: Victoria P. Fesmire

Address: 1400 W. Bryn Mawr Ave., Itasca, IL 60143-1384

B. OFFICERS

President: Robert H. Fesmire

Address: 1400 W. Bryn Mawr Ave., Itasca, IL 60143-1384

Vice President: _____

Address: _____

Secretary: Robert E. Field

Address: 3 First National Plaza, Chicago, IL 60602

Treasurer: Robert H. Fesmire

Address: 1400 W. Bryn Mawr Ave., Itasca, IL 60143-1384

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Robert H. Fesmire*

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert H. Fesmire, President

(Typed or printed name and capacity of person signing application)

File Number 2191-013-9



To all to whom these Presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that **ELLIS CORPORATION, A DOMESTIC CORPORATION,**
INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 19, 1931,
APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS
CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL
REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN
GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC - 1 PM 2:00



In Testimony Whereof, *I hereby set*
my hand and cause to be affixed the Great Seal of
the State of Illinois this 17TH
day of OCTOBER *A.D., 19* 95

George H. Ryan

SECRETARY OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1996 OCT 23 PM 1:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F95000005852

1. Corporation Name

ELLIS CORPORATION OF ILLINOIS

Principal Place of Business

**1400 W BRYN MAWR AVE
ITASCA IL 60143-1304**

Mailing Address

**1400 W BRYN MAWR AVE
ITASCA IL 60143-1304**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-1038030

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DCPT	FESMIPE, ROBERT H	1400 W BRYN MAWR AVE	ITASCA IL 60143
DS	FIELD, ROBERT E	3 1ST NATIONAL PLAZA	CHICAGO IL 60602
D	FESMIPE, VICTORIA P	1400 W BRYN MAWR AVE	ITASCA IL 60143

REINSTATEMENT *as of 10/10/96*

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

100001986651-4

-10/28/96--01006--011

City

*****375.00 FL ***975.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

JOSEPH R. GIBBS

REGISTERED AGENT MUST SIGN

Date **10-22-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Field

Date

Daytime Phone #

10/10/96 (312) 243-2300