# -97000005607

10: Qualification/Tax Lien Section	أسس
Division of Corporations	<u>PC</u> Q
SUBJECT: Hayerman and Company, Inc. (Name of corporation - must include suffix)	LAHASS
(Name of corporation - must include suffix)	77
Dear Sir or Madam:	3 PH 4
The enclosed "Application by Foreign Corporation for Authorization to Transact Busines "Certificate of Existence", and check are submitted to register the above referenced foreign transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
John Huaryman	
(Name of Person)	-
Hagerman & Co., Inc. (Firm/Company)	_
(Firm/Company)	
SIO Sunset Ct., PO BOX 139 (Address)	<u>.</u>
	• /
Mt. Zion, /L 62549 (City/State/Zip)	- 11/23
(City/State/Zip)	The state of the s
Should you need to call someone concerning this matter, please call:	
(Name of Person) at (2)7 ) 864-2326 (Area Code & Daytime Telephone Num	
(Name of Person) (Area Code & Daytime Telephone Num	iber)
<b>₽</b>	

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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## 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.

1. Hagerman + Co., Inc.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"	
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)	िa ्र
fraction participant not so contained in the name at present.	
T111.10	ž Š
2. I/// 10/5 (State or country under the law of which it is incorporated)  3. 37-//87077 = GEI number, if applicable (FEI number, if applicable states)	
(State of country under the law of which it is incorporated) (FEI number, if applicable	
4. \( \lambda \frac{12}{\sqrt{0}\sqrt{85}} \) 5. \( \lambda \text{Perp} \cdot\) (Duration: Year corp. will cease to exist or "perpe	
6	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7 510 Sunset CT. PO Box 139	
Mt. Zion, /L 62549 (Current mailing address)	
(Current mailing address)	<del></del>
8. to establish a sales of file for mat he fing comp (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	outer software
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accept	otable)
T   11	,
Name: John Magerwah	
Name: John Magerwah  Office Address: 6410 Appa/005a Dr  Tanpa, Florida, 33625 (Zip code)	
Tax - 22/25	
(Zin code)	
(Zip codo)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at	eat. I to a se
in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, and	further garee to
and accept the obligations of my position as registered agent.	
(Registered agent's signature)	
(Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this appropriate the second s	pplication to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

A. DIRECTORS (Street address only - P.Q. Box NOT acceptable)	
Chairman: (see President)	
Address:	
Vice Chairman:	
Address:	
Director: Falix Mayerman	
Director: Felix Hayerman  Address: RR3	
Sullivan, 12 6/95/	
Director: Ronald Harshman	Err vo
Address: RR3	CRR C
Sullivan, 12 61951	15 N N N N N N N N N N N N N N N N N N N
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	MO P IN
President: <u>Dennis Hagerman</u>	
Address: RB3	<u> </u>
Sullivan, 12 61951	
Vice President: Sandra Hagerman	
Address: RR3	
Sullivan, 12 61951	
Secretary: ( same )	,
Address:	
Treasurer: John Hagerman	
Treasurer: John Hagerman  Address: RR3	
Sullivan, 12 61951	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	
ONL, ELARENMON	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	oplication)
14. John Hager man Controller  (Typed or printed name and capacity of person signing application	<u> </u>

### File Number . 5406-887-5



## 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

HAGERMAN & COMPANY, INC., A DOMESTIC
CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 10,
1985, 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
THIS TORSES AND AS A DOMESTIC CORPORATION OF THE STATE OF



In Tes	timony Mh	errol, I hereto se	t
		affixed the Great Seal o	
	Illinois this	15TH	_
	OCTOBER	A.D., 19_97	

Scorge H Ryan
SECRETARY OF STATE