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TO:	Registration Division o		tions				
SUBJI	ECT: \(\)	otal	Parki Name of co	ng 5.	olutio	, cm	Inc.
			Name of co	orporation	- must includ	e suffix	
Dear S	ir or Madan	ı:					
"Certif	icate of Exis	stence," o		Good Stand	ling" and che		et Business in Florida," mitted to register the
Please	return all co	orresponde	ence concerning t	his matter	to the following	ing:	
	Thom	vas	Zawac	Ki Name of I	Person		
	To tul	Par	King So	<u>sluti</u> Firm/Com	pany	Inc.	
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	Dow	Ners	Grove	エト	605	15	
			Ci i				notification)
For fur	ther informa	ation cond	erning this matte	r, please ca	all:		
Tor	Name of I	SCICK Person	at (<u> </u>) <u>20 7</u> : Dayt	! - SE ime Telep	3 2 O hone Number
	Registration Division of The Centre	on Section of Corpora e of Tallal Ionroe Str	tions nassee cet, Suite 810		Reg Div P.O	gistration S	orporations 7
Please r		ayable to:	ollowing amount FLORIDA DEPA \$78.75 Filing Fe Certificate of Se	RTMENT	OF STATE \$78.75 Filin Certified Co	~	 \$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.

1. Total Parking Solutions, Inc. (Enter name of corporation; must include INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include) INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. The state of country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-25-2005 5.
4. 3-25-2005 5. (Date of incorporation) (Date of duration, if other than perpetual)
6 N/ A
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2721 Curtiss St. Downers Grove IL 60515 (Principal office street address)
(Timelyal office <u>street</u> address)
(Current mailing address, if different)
(Current maining address, it direction)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Total Parking Solutions, inc.
Office Address: 1514 SW SOTST. Unit 103 Cape Coral Florida 33914 (City) (Zip code)
Cape Coral Florida 33914 = TI
(City) (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 dutie
and I am familiar with and accept the obligations of my position as registered agent.
_
A Land.
(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: Thomas Zawacki	□ Chairman	Name:	
□Vice Chairman	Address: 7536 N Via	□Vice Chairman	Address:	
□Director	Camello Del Sur	Director		····
President	Scottsdale AZ	□President		
□Vice President	85258	□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other		Other	 _	□Other
□Chairman	Name: Joseph Smith	□Chairman	Name:	
□ Vice Chairman	Address: 2721 Curtiss St.	□Vice Chairman	Address:	
□Director	Downers Grove IL	□Director		
□President	60515	□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		☐Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	eport form.	•
12.	Signature of Director o			
The officer or direc	Signature of Director of Signature of Director of the Signing this document (and who is listed in number also information submitted in a document to the Department of the Dep	r 11 above) affirms th	at the facts state	ed herein are true and that he or

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

File Number

6418-174-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, 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

TOTAL PARKING SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 25, 2005, 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 9TH

day of

MAY

A.D.

2022

Authentication #: 2212902482 verifiable until 05/09/2023

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

SECRETARY OF STATE