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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 JUL 12 PM 4:34

T. LEMIEUX
JUL 21 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: POINTCORE CONSTRUCTION, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHAWN GLASSER

Name of Person

CCG SERVICES, INC.

Firm/Company

6320 Research Rd.

Address

Frisco, TX 75033

City/State and Zip Code

shawnglasser@ccg-services.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAWN GLASSER

214

618-2107

at (_____)

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. POINTCORE CONSTRUCTION, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ILLINOIS 83-4241077
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 601 SW WATER STREET 601 SW WATER STREET
(Street Address of Principal Office) (Mailing Address)

PEORIA, ILLINOIS 61602 PEORIA, ILLINOIS, 61602

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CAPITOL CORPORATE SERVICES, INC.
Office Address: 515 EAST PARK AVENUE 2ND FL
TALLAHASSEE, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

Brian Radecki
(Registered agent's signature) Brian Radecki, Assistant Secretary, on
behalf of Capitol Corporate Services, Inc.

2023 JUN 12 PM

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: MEDICORE, LLC
☒ Member Address: 601 SW WATER STREET
☐ Authorized PEORIA, ILLINOIS 61602
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: JAMES K. JACOBS
☐ Member Address: 10625 N COUNTY RD
☐ Authorized FRISCO, TEXAS 75033
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: POINTCORE, INC.
☒ Member Address: 800 NE GLEN OAK AVE
☐ Authorized PEORIA, ILLINOIS, 61603
Person _____
☐ Other _____ ☐ Other _____

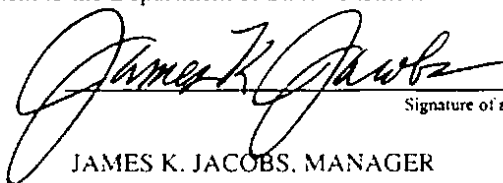
☒ Manager Name: JAMES MORMANN
☐ Member Address: 800 NE GLEN OAK AVE
☐ Authorized PEORIA, ILLINOIS 61603
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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 may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

JAMES K. JACOBS, MANAGER

Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

POINTCORE CONSTRUCTION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 01, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 11TH
day of JULY A.D. 2023 .***

A handwritten signature in cursive script, reading "Alexi Giannoulas".