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(Requestor's Name)				
(Add.,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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K. SALY FEB 14 2025

COVER LETTER

TO: Registration Section Division of Corporations	ş				
SUBJECT:Servco	Equipme	NT AND	Such	PLUI CO Aba SER	.V W
	Name of corporation	on - must include st	iffix		
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Sta	inding" and check a			
Please return all correspondence	concerning this matt	er to the following:			
K	ATIE CLA	RK			
	Name o	f Person			
	SERV-U Firm/Co				
301	Mercury	DR, Sur	té 2		
2	Att	11 CSS			
(ha	AMPUISA, City/State	16 1822			
	•	•			
KATI	E (LARK (SERVU - Or	MINE.	esm	
E-mai	I address: (to be used	i for future annual i	report notific	cation)	
For further information concerni	ng this matter, please	call:			
KATIE CIARK Name of Person	ar 217	359-2	5138		
Name of Person	Area Co	de Daytime	: Telephone	Number	
STREET/COURIER A	DDRESS:		ING ADDR		
Registration Section Division of Corporations			Registration Section Division of Corporations		
The Centre of Tallahassee P.O. Box 6327					
2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810	Tallaha	issee, FL 31	2314	
Enclosed is a check for the follo					
Please make check payable to: FLO			k. 🗆	\$\$7.50 Filing Eas	
-	3.75 Filing Fee & rtificate of Status	☐ \$78.75 Filing F Certified Copy	cc & L	\$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.

		•	pted for the purpose of transact	_
2. (State or country under the law of which it is incorporated)			51-13251	(40 <u> </u>
4	4-27-1994	5	(Date of duration, if other	
(Date	of incorporation)		(Date of duration, if other	r than perpetual)
6				
			orida, if prior to registration) F.S., to determine penalty liabi	Hity)
2,01			· · · · · · · · · · · · · · · · · · ·	•
7. <u>701</u>	MELLURY	DK . JAI	tE 2 (Nampu	<u>usi, ic uis</u> 22
		(rimciparoffice <u>s</u>	arreer address)	
				50
		(Current mailing a	ddraes if different)	
		(Current mailing ac	ddress, if different)	25 FT
S. Nama and strop	addrass of Florida ragistor			DE FEB
8. Name and stree	address of Florida register	red agent: (P.O. B	ox <u>NOT</u> acceptable)	PAFEB-3
Name:	SEAN HEM	red agent: (P.O. B	ox <u>NOT</u> acceptable)	PER -3 PH
Name:	SEAN HEM	red agent: (P.O. B	ox <u>NOT</u> acceptable)	PEB-3 PK 50
Name:	SEAN HEM	red agent: (P.O. B	ox <u>NOT</u> acceptable)	PAFEB-3 PH 5: 20
Name:	·	red agent: (P.O. B	ox <u>NOT</u> acceptable)	ERSFEB -3 PH 5: 20

(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: Slan Hemming	□ Chairman	Name: Chad Hemming
□Vice Chairman	Address: 4178 FOGAY BUTTON D		Address: ZODS VALE ST
□Director	MILTON FL 32583	□Director	Champaign, 12 61822
President		□President	
□Vice President			
□ Secretary	□Treasurer	[Secretary	□Treasurer
□Other	□ Other	□Other	□Other
□Chairman	Name:	□Charman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	THE STATE OF THE S
□President		□ President	
□Vice President		□ Vice President	in the second se
□ Secretary	□Treasurer	□ Secretary	□Treasurer ∪
COther		□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
Important Notice: individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme	nt of State Annual R	ed for reporting purposes only. Non-indexed eport form.
	retor signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms t	hat the facts stated herein are true and that he or
13. <u>SEP</u>			
	(Typed or printed name and capacity of perso	n signing application	[1]



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

SERVCO EQUIPMENT AND SUPPLY CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1994, 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 22ND day of JANUARY A.D. 2025 .

Authentication #: 2502204072 verifiable until 01/22/2026

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

Alexi Sianard