## F25000001067

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#### **COVER LETTER**

	gistration Section ision of Corporations					
SUBJECT	Stern Recruiting, Inc.					
SUBJECT		f corporation	- must include suffix			
Dear Sir or	Madam:					
"Certificate	d "Application by Foreign Cor of Existence," or "Certificate of enced foreign corporation to tra	of Good Stand	ing" and check are submitt			
Please retur	n all correspondence concernir	ng this matter	o the following:			
Wren P. McN	Aillan					
		Name of P	erson			
Williams, Ba	x & Saltzman, P.C.					
		Firm/Comp	pany			
221 N. LaSa	lle Street, Suite 3700					
		Addres	S			
Chicago, IL 6	60601					
•		City/State an	d Zip code			
rstern@stern	recruiting.com					
	E-mail address:	(to be used for	r future annual report notifi	ication)		
For further i	nformation concerning this ma	itter, please ca	II:			
Wren P. McN	Wren P. McMillan at () 372-331		372-3311			
Nai	me of Person	Area Code	Daytime Telephone	Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Section Division of Corpor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is Please make (	a check for the following amounts the payable to: FLORIDA DE illing Fee	Fee &		\$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.

Stern Recruiting	, Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N."	
(If name unavaila	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting	ng business in Florida)	
Delaware	3	9-4617694		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
08/20/2024	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
Not Applicable				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ity)	
17 Brooke Lane,	Barrington, IL 60010			
	(Principal offic	ce <u>street</u> address)		
	(Current mailin	g address, if different)		
Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)		
Name:	Northwest Registered Agent LLC			
Office Address:	7901 4th St N STE 300			
	St. Petersburg	 . Florida	<b>20</b>	
	(City)	(Zip code)	25 F	
laving been nam esignated in this irther agree to co	ent's acceptance:  ed as registered agent and to accept service  application, I hereby accept the appointm  omply with the provisions of all statutes re  with and accept the obligations of my pos	ent as registered agent and agr lative to the proper and comple	ee to act in this-capacity.	
	Toplar / Varian			
	(Registered agent's sig	gnature)	<del></del>	

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.

#### Docusign Erfvelopé ID: 491E638F-3319-4D9A-A366-9EA1D2916A06

#### A. DIRECTORS

<b>■</b> Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	Barrington, IL 60010	□Director		_				
■ President	<del></del>	□President						
□Vice President	- <u></u> -	□Vice President		· · · · -				
<b>■</b> Secretary	Treasurer	□Secretary	0	]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				
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				
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.  12.  Signature of Director or Officer								

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Rick Alan Stern - Chairman, President and Secretary

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# Delaware The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STERN RECRUITING, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JANUARY, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STERN

RECRUITING, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF AUGUST,

A.D. 2024.

Charuni P. Sanchez, Secretary of State

C. G. Sanchez

Authentication: 202804170

Date: 01-28-25