# F04000001970

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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HLM

#### TRANSMITTAL LETTER

TO:	Registration Sect Division of Corp		÷ =			
SUBJ	ECT: Pro-Tek I	Products, Inc.	•			
		(Nam	e of corpora	tion - must include suffix)		
Dear S	Sir or Madam:					
"Certi		', and check are		or Authorization to Transac o register the above referen	ct Business in Florida", aced foreign corporation to	
Please	return all correspo	ndence concern	ing this mat	ter to the following:		
Paul	Zalantis					
			(Name	of Person)		
Pro-1	ek Products, Inc	c.				
			(Firm/0	Company)		
800	Roosevelt Road,	Building E, S	uite 400			
			(Ad	idress)		
Glen	Ellyn, IL 60137					
		<del></del>	(City/Stat	e and Zip code)	<del> </del>	
For fu	rther information c	oncerning this i	natter, please	e call:		
Paul Zalantis at (630			at (630	) 293-5100		
(Name of Person)		(Area Code & Daytime Telephone Number)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for th	ne following am	ount:			
<b>Ø</b> \$70	0.00 Filing Fee	S78.75 Filir. Certificate		☐ \$78.75 Filing Fee & Certified Copy	□ \$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.

Pro-Tek Products, Inc.					
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"			
PRO	TEK Chemical	工いて, e adopted for the purpose of transacting business in Florida)			
(If name unava	ilable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)			
2. Illinois	3.	36-4030252			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. 02/21/199	<b>95</b> 5	perpetual			
	ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
6. upon qualif	fication	<del>-</del>			
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")					
	(SEE SECTIONS 607.150	01, 607.1502 and 817.155, F.S.)			
7. 800 Roosev	elt Road, Building E, Suite 400, Gle				
	(Principal office ad	dress)			
800 Roosev	elt Road, Bulding E, Suite 400, Glen	Ellyn, IL 60137			
	(Current mailing ad	idress)			
		r which corporations may be incorporated in Florida.			
(Purpose	e(s) of corporation authorized in home state or o	country to be carried out in state of Florida)			
9. Name and <u>st</u>	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)			
<b>X</b> T.	Paul Zalantis	200			
Name:	ram zarantia	ALLAS			
Office Address:	1431 Douglas Drive				
	Clearwater	, Florida 33756			
	(City)	(Zip code) يَن بِيَّا			
10. Registered	agent's acceptance:	€ 2 <b>2</b>			
Having been na	amed as registered agent and to accept serv	vice of process for the above stated corporation at the place			
		tment as registered agent and agree to act in this capacity. I			
		relative to the proper and complete performance of my duties			
una 1 am Jamili	iar with and accept the obligations of my p	ostion as registerea agent.			

11. 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.

(Registered agent s signature)

12. Names and business addresses of officers and/or directors:

## A. DIRECTORS Chairman: Paul Zalantis Address: 1690 Whispering Oaks Ct. West Chicago, IL 60185 Vice Chairman: Wayne Niemi Address: 112 N. Aspen Ct. #4 Warren, OH 44484 Director: Address: \_ Director: Address: \_ **B. OFFICERS** President: Paul Zalantis Address: 1690 Whispering Oaks Ct. West Chicago, IL 601385 Vice President: Wayne Niemi Address: 112 N. Aspen Ct. #4 Warren, OH 44484 Secretary: Linda Zalantis Address: 1690 Whispering Oaks Ct., West Chicago, IL 60185 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

14. Paul Zalantis



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



#### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

MARCH

A.D.

2004

Desse White