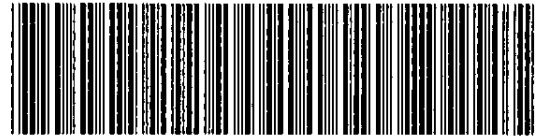


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FILED

2011 FEB 17 PM 4: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

111-8143

1 Bunch FEB 18 2011

(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:

Office Use Only

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Facility Wizard Software Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristin S. Kelly, COO

Name of Person

Facility Wizard Software Incorporated

Firm/Company

4147 N. Ravenswood Ave, Suite 400

Address

Chicago, IL 60613

City/State and Zip code

mari.r@facilitywizard.com and Kris.k@facilitywizard.com

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

For further information concerning this matter, please call:

Kristin S Kelly

Name of Person

at (773) 832-0200 x 1126

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 FEB 17 PM 2:39
DIVISION OF CORPORATIONS

February 10, 2011

KRISTIN STEBINS-KELLY, COO
4147 NORTH RWAVERNSWOOD AVE STE 400
CHICAGO, IL 60613

SUBJECT: FACILITY WIZARD SOFTWARE INCORPORATED
Ref. Number: W11000008143

We have received your document for FACILITY WIZARD SOFTWARE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 011A00003535

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSMIT BUSINESS IN FLORIDA

2011 FEB 17 PM 4:41:41

FILED

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSMIT BUSINESS IN THE STATE OF FLORIDA.

1. Facility Wizard Software Incorporated

(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. Illinois

(State or country under the law of which it is incorporated)

3. 36-4091908

(FEI number, if applicable)

4. June 14, 1996

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a per Section 607.1501 (2)(f)

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4147 N. Ravenswood Ave, Suite 400, Chicago, IL 60613

(Principal office address)

4147 N. Ravenswood Ave, Suite 400, Chicago, IL 60613

(Current mailing address)

8. sales, support and development of facility management software

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301

(City)

(Zip code)

10. 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc. By: [Signature]

Wendy D Rea, Assistant Secretary

(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David J. Johnson

Address: 4147 N. Ravenswood Ave, Suite 400
Chicago, IL 60613

Vice President: Thomas A. Zurowski

Address: 4147 N. Ravenswood Ave, Suite 400
Chicago, IL 60613

Secretary: David J. Johnson

Address: _____

Treasurer: Thomas A. Zurowski

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Kristin S. Kelly, Chief Operating Officer

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

FILED
2011 FEB 17 PM 4:40
TALLAHASSEE STATE
FAMILY COURT CLERK

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida:

B. OFFICERS

Chief Operating Officer: Kristin Stebbins Kelly

Address: 4147 N. Ravenswood Avenue, Suite 400, Chicago, IL 60613

FILED
2011 FEB 17 PM 4:41
CORPORATION STATE
TALLAHASSEE, FL 32304

File Number 5891-149-6



To all to whom these Presents Shall Come, Greeting:

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

FACILITY WIZARD SOFTWARE INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, 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 25TH day of JANUARY A.D. 2011



Jesse White

Authentication #: 1102502060

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE