

Attachment

Licensee

Sec of State Filing

Authority to transact business

Attachment

State of Incorporation
Secretary of State Letter of Good Standing

FORM **BCA 13.15** (rev. Dec. 2003)
**APPLICATION FOR AUTHORITY TO
 TRANSACT BUSINESS IN ILLINOIS**
 Business Corporation Act

Jesse White, Secretary of State
 Department of Business Services
 Springfield, IL 62756
 Telephone (217) 782-1834
 www.cyberdriveillinois.com

Remit payment in the form of a cashier's
 check, certified check, money order
 or an Illinois attorney's or CPA's check
 payable to the Secretary of State.

File # _____

SEE NOTE 1 CONCERNING PAYMENT!

Filing Fee \$ _____ Franchise Tax \$ _____ Penalty/Interest \$ _____ Total \$ _____ Approved: _____

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. (a) CORPORATE NAME: Customer Acquisition Specialist of America, Inc

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: _____
 (By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the
 transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation Florida; Date of Incorporation 9/08/1999; Period of Duration Perpetual

3. (a) Address of the principal office, wherever located: 601 Cleveland Street
Suite 320
Clearwater, Florida 33756

(b) Address of principal office in Illinois: NONE
 (If none, so state)

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent:	<u>James</u>	<u>Halpin</u>
	<i>First Name</i>	<i>Last name</i>
Registered Office:	<u>208 South Lasalle Street</u>	
	<i>Number</i>	<i>Street</i>
	<u>Chicago</u>	<u>60604</u>
	<i>City</i>	<i>ZIP Code</i>
		<u>Cook</u>
		<i>County</i>

(A P.O. Box alone is not acceptable.)

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)

Florida, DE, D.C, MD, PA, OH, ME, MA, RI, NY, NJ,

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

	Name	No. & Street	City	State	ZIP
President	James Albert Mathers	601 Cleveland Street	Clearwater	Florida	33755
Secretary	Patrick j. Clouden	1255 Cleveland Street	Clearwater, Florida		33755
Director	Patrick J. Clouden	1255 Cleveland Street	Clearwater	Florida	33755
Director					
Director					

7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)

Broker/Marketer in the Deregulated Markets of Gas and Electric

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common		1.00	7500	100

(If more, attach list)

9. Paid-in Capital: \$ 0.00
("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ 20,000
(b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ 0.00
(c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 6,170.817
(d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 359,000.00

11. Interrogatories: (Important - this section must be completed.)

(a) Is the corporation transacting business in this state at this time? **NO**

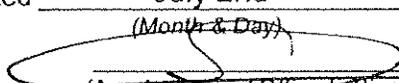
(b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated July 2nd, 2014
(Month & Day) (Year)

Customer Acquisition Specialists of America
(Exact Name of Corporation)


(Any Authorized Officer's Signature)

James Albert Mathers

(Print Name and Title)

* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

State of Florida

Department of State

I certify from the records of this office that CUSTOMER ACQUISITION SPECIALISTS OF AMERICA, INC. is a corporation organized under the laws of the State of Florida, filed on September 8, 1999.

The document number of this corporation is P99000081385.

I further certify that said corporation has paid all fees due this office through December 31, 2014, that its most recent annual report/uniform business report was filed on March 31, 2014, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-seventh day of June,
2014*



Ken Deitzner
Secretary of State

Authentication ID: CU7420192736

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>