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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

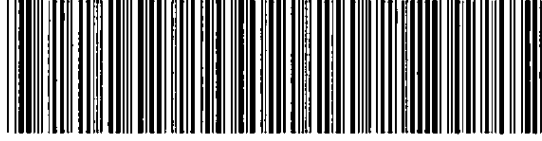
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# THE WAGGONER LAW FIRM, P.C.

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FOUR NORTH WALKUP AVENUE, CRYSTAL LAKE, ILLINOIS 60014  
(815) 477-0830 FAX (815) 477-0834

November 15, 2023

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

DAVID L. WAGGONER  
GREGORY L. WAGGONER  
LISA M. WAGGONER

—  
SANDRA KERRICK  
OF COUNSEL

Re: **JWN Designs Inc.**  
*Application by Foreign Corporation for Authorization  
to Transact Business in Florida*

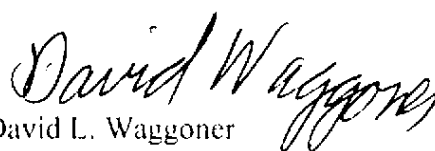
Dear Sir or Madam:

Pursuant to the Florida Secretary of State's instructions with respect to foreign corporations transacting business in Florida, please find enclosed the following documents regarding my client, JWN Designs Inc., an Illinois corporation:

1. Cover Letter;
2. A fully executed *Application by Foreign Corporation for Authorization to Transact Business in Florida*;
3. State of Illinois Certificate of Good Standing issued October 24, 2023; and
4. Our firm's check in the amount of \$70.00 representing your required filing fee.

Please process JWN Designs Inc.'s application and issue a letter of acknowledgement to the undersigned at your earliest convenience. Thank you in advance for your cooperation and if you have any questions regarding this matter, please do not hesitate to contact me.

Very truly yours,

  
David L. Waggoner

DLW/csa

Enclosures: As stated

cc: John Novy

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JWN Designs Inc.  
\_\_\_\_\_  
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:

David L. Waggoner, Esq.  
\_\_\_\_\_  
Name of Person  
The Waggoner Law Firm, P.C.  
\_\_\_\_\_  
Firm/Company  
Four North Walkup Avenue  
\_\_\_\_\_  
Address  
Crystal Lake, IL 60014  
\_\_\_\_\_  
City/State and Zip code  
dwaggoner@waggonerlawfirm.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Waggoner at ( 815 ) 477-0830  
\_\_\_\_\_  
Name 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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

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.

1. JWN Designs Inc
(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 3. 46-2332009
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03-14-2013 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 50 N WALKUP AVENUE, STE 1, CRYSTAL LAKE, IL 60014
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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9. 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.

David Roberts

(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: JULIE NOVY  
 Vice Chairman Address: 50 N WALKUP AVE, STE 1  
 \_\_\_\_\_  
 CRYSTAL LAKE, IL 60014  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: JOHN NOVY  
 Vice Chairman Address: 50 N WALKUP AVE, STE 1  
 \_\_\_\_\_  
 CRYSTAL LAKE, IL 60014  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

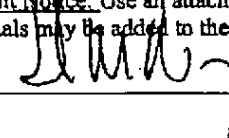
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 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.

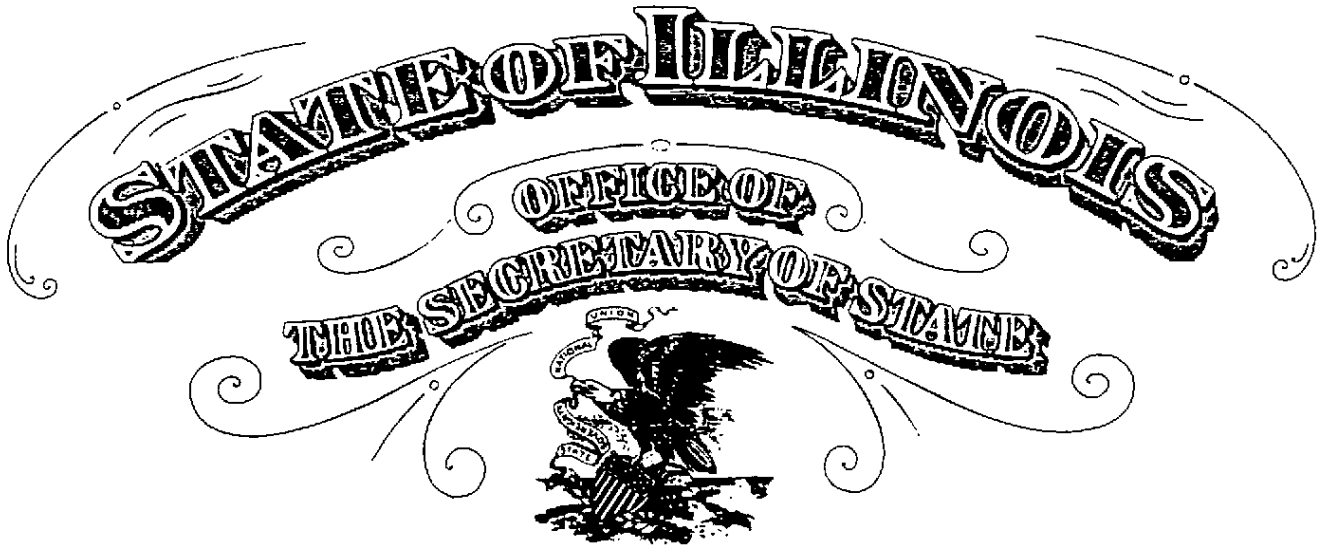
12.  \_\_\_\_\_  
 Signature of Director or Officer

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.

13. John Novy, Secretary \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

File Number

6881-102-3



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

*I, Alexi Giannoulas, 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*

JWN DESIGNS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 14, 2013, 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 24TH day of OCTOBER A.D. 2023 .***

Authentication #: 2329703482 verifiable until 10/24/2024

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

*Alexi Giannoulas*

SECRETARY OF STATE