

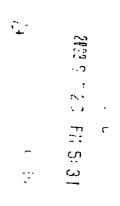
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COVER LETTER

	egistration Section Division of Corporations			
SUBJEC	4MC Corporation			
50000		me of corporation	- must include suffix	_
Dear Sir o	or Madam:			
"Certifica	sed "Application by Foreign te of Existence," or "Certific erenced foreign corporation	cate of Good Stan	ding" and check are sub	
Please ret	urn all correspondence conc	erning this matter	to the following:	
Melissa H	litt			
		Name of	Person	
4MC Corp	poration			
		Firm/Com	pany	· · · · · · · · · · · · · · · · · · ·
8040 Jord	lan Road			
	 	Addre	ess	
Argenta, I	L 62501			
		City/State a	nd Zip code	· · · · · · · · · · · · · · · · · · ·
mh@4mc	·			
	E-mail add	ress: (to be used f	or future annual report n	notification)
For further	er information concerning the	is matter, please c	all:	
Melissa H	iii	217 at (433-4639	
N	Name of Person	Area Code	Daytime Telepl	hone Number
R D T 24	TREET/COURIER ADDR egistration Section vivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite allahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please mak	is a check for the following se check payable to: FLORIDA Filing Fee \$78.75 F	A DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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. 4MC Corporat	ion				
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATI	ION,"		-
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transac	cting busine	ss in Flo	rida)
2. Illinios	3	37-1319327			
(State or count	ry under the law of which it is incorporated)	(FEI number, if	[applicable])	_
4. December 29,	1993	perpetual .			
	e of incorporation)	(Date of duration, if other than perpetual)			
6. ^{n/a}					
7. 8040 Jordan Ro	(SEE SECTIONS 607.1501 & 607.1504) pad, Argenta, IL 62501 (Principal of	1502, F.S., to determine penalty lia	bility)		
	(Current mail	ing address, if different)			
8. Name and stre Name: Office Address:	et address of Florida registered agent: (P. Mike Staszak 16615 7th Ave E Bradenton (City)	O. Box <u>NOT</u> acceptable) Florida 34212 (Zip code)	· · · · · · · · · · · · · · · · · · ·	25.5 51.5 E3. 23. E4. 21.	
	(0.03)	(zap ende)		<u>⇔</u>	
0 13					

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.

(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	Brian Hill Name:	□Chairman	Name: Marty Logue		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Argenta, IL 62501	□Director	Oreana, IL 62554		
President		□President			
□Vice President		■ Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other	Other	□Other	Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	7450 Dunbar Road Address:	□Vice Chairman	Address:		
□Director	Argenta, IL 62501	□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.

Melissa Hill Secretary

File Number

5761-115-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

4MC CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 29, 1993, 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 day of SEPTEMBER A.D. 2023

Authentication #: 2325602760 verifiable until 09/13/2024

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

SECRETARY OF STATE