F/300005307

(Req	uestor's Name)	
(Add	ress)	······································
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(City	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO:		Filing Section of Con	ction rporations			
SUBJ	ECT:	CHI-	TOWN C	ONNECT	TIONS, INC.	
2020					on - must include suffix	
Dear S	ir or M	adam:				
"Certif	icate o	f Existence	e," or "Certific	Corporation for cate of Good State to transact busin	r Authorization to Transa anding" and check are sub ness in Florida.	ct Business in Florida," omitted to register the
Please	return	all corres	pondence conce	erning this matt	er to the following:	
TO	Y CH	IRIST	IANSEN		,	
				Name o	f Person	
CHI	-TO	WN C	CONNEC	TIONS, II	VC.	
				Firm/Co	mpany	
202	2 LA	RKIN	IAVE			
				Add	ress	
ELC	SIN,	IL 60°	123			
				•	and Zip code	
toyc	hristi	ansen	@gmail.c			
			E-mail addr	ess: (to be used	for future annual report	notification)
For fur	ther in	formation	concerning thi	s matter, please	call:	
Toy	Chr	istian	sen	_ _{at (} 203	, 953-1475	
	Name	e of Perso	n	Area	Code & Daytime Teleph	one Number
	New I Divisi Clifto 2661	Filing Section of Con n Buildin	rporations g : Center Circle	ESS:	MAILING A New Filing Se Division of Ce P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	ed is a	check for	the following a	amount:		
5 70).00 Fil	ing Fee	□ \$78.75 Fi Certifica	ling Fee & te 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.

	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	_	
•	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florid	a)	
<u>Illinois</u>		_{3.} 46-2244089		
•	under the law of which it is incorporated)	(FEI number, if applicable)		
, 03/11/20	13	_{5.} Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual	")	
5.				
		in Florida, if prior to registration)		
4700 1044	•	1502, F.S., to determine penalty liability)		
1700 NW	66th Ave, Suite 104, Plai			
	(Principal office ac	·		
1700 NW	66th Ave, Suite 104, Plant	ation, FL 33313		
	(Current mailing ac	dress)		
Any and	all lawful business			
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)		
Name and stree	et address of Florida registered agent: (F	O. Box NOT acceptable)	3 DE	
	Toy Christiansen		EC.	
Name:			0	
Office Address:	1700 NW 66th Ave, Ste	<u>104</u>	골	
	Plantation	্ _{Florida} 33313	<u>မှ</u>	
	, , , , , , , , , , , , , , , , , , , ,			

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)

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: Toy Christiansen 1700 NW 66th Ave, Ste 104 Plantation, FL 33313 Vice Chairman: Address: Director: ___ Address: Address: _ **B. OFFICERS** President: Toy Christiansen Address: 1700 NW 66th Ave, Ste 104 Plantation, FL 33313 Vice President: Address: Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Toy Christiansen, President

File Number

6879-539-7



To all to whom these Presents Shall Come, Greeting:

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

CHI-TOWN CONNECTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 11, 2013, 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.



Authentication #: 1333801602

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

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH

day of DECEMBER

A.D.

2013

Desse White

SECRETARY OF STATE