

File#000005074

(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

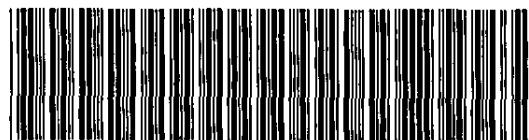
PICK-UP WAIT MAIL

(Business Entity Name) _____

(Document Number) _____

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DINO JUMP OF ILLINOIS 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:

KRISTY O'CONNELL

Name of Person

DINO JUMP OF ILLINOIS INC.

Firm/Company

526 SOUTH EAST 2ND ST.

Address.

CAPE CORAL, FLORIDA 33990

City/State and Zip code

RUDYBUSINESS@COMCAST.NET

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

For further information concerning this matter, please call:

KRISTY O'CONNELL

815 485-2020

Name of Person

Area Code

Devotions (Telephones and Numbers)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

MAILING ADDRESS:
Registration 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

**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 TRANACT BUSINESS IN THE STATE OF FLORIDA.

DINO JUMP OF ILLINOIS INC.

1. _____
(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. 26-0386526

4. OCTOBER 11, 2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. NOVEMBER 1, 2016

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

526 SOUTH EAST 2ND ST, CAPE CORAL, FL 33990
7.

SAME AS ABOVE (Principal office address)

SAME AS ABOVE

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

KRISTY O'CONNELL

Name: _____

526 SOUTH EAST 2ND ST.

CAPE CORAL _____, Florida 33990
(City) _____ (Zip code)

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.

X Kristy Cannell
(Registered agent's signature)

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

KRISTY O'CONNELL

President: _____

526 SOUTH CAPE CORAL, 2ND ST

Address: _____

CAPE CORAL, FLORIDA 33990

Vice President: _____

Address: _____

KRISTY O'CONNELL

Secretary: KRISTY O'CONNELL

526 SOUTH CAPE CORAL 2ND ST, CAPE CORAL, FLORIDA 33990

Address: _____

Treasurer: _____

Address: _____

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

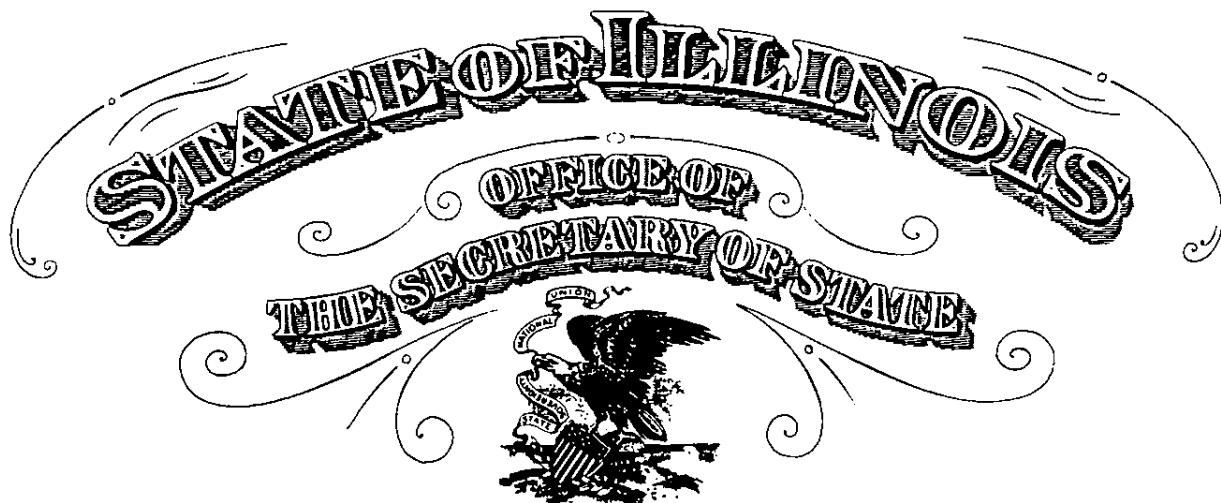
12. X Kristy O'connell Signature of Director or Officer
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a violation of the law.

a third degree felony as provided for in s.817.135, F.S.

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

File Number

6855-435-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DINO JUMP OF ILLINOIS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 11, 2012, 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 1ST
day of NOVEMBER A.D. 2016

16 NOV 4 AM 10:07
FILED
ILLINOIS
STATE
S E C R E T A R Y
JESSE WHITE

Jesse White

SECRETARY OF STATE

Authentication #: 1630601624 verifiable until 11/01/2017

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