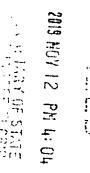
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DEC 06 2019 M. SOLOMON

### **COVER LETTER**

TO:	Registration Sec Division of Cor				
SUBJ	ECT:	Journey Name of com	(0m	municati	ons, Inc
		Name of corp	oration	- must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence	ion by Foreign Corporate," or "Certificate of Go n corporation to transac	od Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please	return all corresp	ondence concerning this	s matter	to the following:	
	L	aura C	051		
		N	ame of I	'erson	
		Journey C	000	nunicatio	AS, INC
		Fin	rm/Comp	oany	•
		6319 Jo	hn	Street	
		Loves Pa	лК,	IL 61	amail.com
		City,	/State ar	d Zip code	1
		office, j	Our	reyconma	amail.com
		E-mail address: (to b	e used f	or future annual report	notification)
For fu	ther information	concerning this matter,	please c	ill:	
S.	Wa () Name of Person	STLL at ( At	S15 rea Code	) 209-83 Daytime Telep	138 hone Number
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations G Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	ed is a check for	the following amount:			
<b>\$7</b> (	0.00 Filing Fee	\$ \$78.75 Filing Fee of Certificate 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") Journey Communications FL (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Illinois 3. 45-3849772 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 09/20/2011 5. Perpetual (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) John Street, Loves Park, IL 61111
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 17888 67th Court North Office Address: Loxahatchee . Florida 33470 (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. Crystal Gaurchii
(Revistered 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: Steve Roggersack
Address: 6319 John Street, Loves Park, IL 61111
Vice Chairman: Michael Cory
Address: N79W32585 Petersen Rd
Hartland, WI 53029
Director:
Address:
Director:
Address:
B. OFFICERS
President: Steve Roggensack
President: Steve Koggensack  Address: 6319 John Street
Loves Park, IL 61111
Vice President: Michael Cory
Address: N79W32585 Petersen Rd
Hartland, WI 53029
Secretary: Steve Roggensack
Address: 6319 John Street Loves Park, IL 61111
Treasurer: Steve Roggensack
Address: 6319 John Street Loves Park Ille1111
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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. Mighael Cory - Vice President  (Typed or printed name and capacity of person signing application)
( i yped or printed name and capacity or person signing approaction)

#### File Number

6812-886-2



## 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

JOURNEY COMMUNICATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 20, 2011, 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 8TH day of NOVEMBER A.D. 2019 .

Authentication #: 1931202088 verifiable until 11/08/2020 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE