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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Sow Community Development Corporation

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

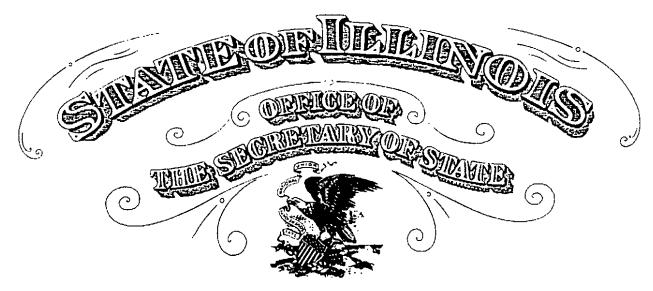
	ity Development Corporation				
(Name of corpor import in langua in the name at p	ration: must include the word "INCORPORATED" or "CORPORA tige as will clearly indicate that it is a corporation instead of a natur resent. "Company" or "Co." may not be used as a corporate suffix	VTION" or words or ab al person or partnership by a nonprofit corporat	breviatio p if not so ion.)	ns of lik o contair	e red
(If name unava	ilable in Florida, enter alternate corporate name adopted for the pu	irpose of transacting bu	siness in	Florida)
11	. (7.3103619				
State or cour	atry under the law of which it is incorporated) 3. 47-3102648 (FI	I number, if applicable	:)		_
([Date of Incorporation) 5. (Date of	f duration, if other than	i perpetua	ıl)	_
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617,1501	& 617,1502, F.S. to dete	rmine pei	nalty lial	bil ity.)
7, 2022 W JACK	SON BLVD CHICAGO, IL 60612 (Principal office <u>street</u> address)				-
5530 W CONG	GRESS PARKWAY CHICAGO, IL 60644 (Current mailing address, if differen	nt)		\$18	_
	Towns will want to the second of the second		e	楚	en içaş
_			7	ΗŽ	***
8. (Purpose(s) of	corporation authorized in home state or country to be carried out in	n the state of Florida)			
0.33	eet address of Florida registered agent: (P.O. Box <u>NOT</u> acce	entable)	25	Ď	
9. Name and <u>str</u>	eet address of Piorida registered agent. (1.0. box 1401 acco	.puloic)			
Name	Registered Agents Inc.		ਪ ≯ ਪੂਰਤੇ		
Office Address:	7901 4th St N STE 300		مذ	∵ i	
	St. Petersburg	12			
	(City)	(Zip Code)			
Having been no designated in the further garee to	I agent's acceptance: amed as registered agent and to accept service of process for his application, I hereby accept the appointment as register to comply with the provisions of all statutes relative to the policy iar with and accept the obligations of my position as registe	rea agent ana agree t roper and complete p	o aci in	mis cui	vacuu. T
	Registered agent's signature)				
	(Registered agent's signature)				
the Departi	s a certificate of existence duly authenticated, not more than ment of State, by the Secretary of State or other official havi a under the law of which it is incorporated.	90 days prior to deliv	ery of thate recor	nis appl ds in th	ication to ne

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	IS JAMES SMITH						
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	7901 4th St N STE 300 Address:	□Vice Chairman	Address:				
⊠Director	St. Petersburg, FL 33702	□Director					
⊠ President		□President					
□Vice President		□Vice President					
☐Secretary	Treasurer	□ Secretary	□Treasurer				
□Other:	☐ Other:	□Other:	Other:				
□Chairman	VINCENT WILLIAMS	□Chairman	Name:				
□Vice Chairman	7901 4th St N STE 300 Address:	□Vice Chairman	Address:				
Director	St. Petersburg, FL 33702	□Director					
□President		□President					
□Vice President		□Vice President	•				
⊠ Secretary	☐ Treasurer	☐ Secretary	□Treasurer				
□Other:	Other:	Other:	□ Other:				
□Chairman	GWENDOLYN HAWKINS	□Chairman	Name:				
□Vice Chairman	7901 4th St N STE 300		Address:				
Director	Sr. Petersburg, FL 33702	□Director					
□ President		□President					
□Vice President		□Vice President					
Secretary	⊠Treasurer	☐ Secretary	□Treasurer				
□Other:	☐ Other:	□Other:	□Other:				
NOTE: 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.							
13							
14. (Typed or printed name and capacity of person signing application)							

File Number

6987-497-5



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

SOW COMMUNITY DEVELOPMENT CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 18, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT 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 13TH

day of MAY

A.D. 2020

Authentication #: 2013402354 verifiable until 05/13/2021 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE