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(Requ	uestor's Name)	
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COVER LETTER

	ion of Corporations SB Adcock, Inc.			
SUBJECT:		<u></u>		
	Name of	corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o		Good Stand	uthorization to Transact Business in Flo ng" and check are submitted to register in Florida.	
Please return	all correspondence concerning	this matter t	o the following:	
Brian Adcock				
		Name of Pe	erson	
SB Adcock, In	c.			
		Firm/Comp	any	
1293 S 34th St				
		Addres	S	
Decatur, IL 62	521			
	(City/State and	l Zip code	
adcock_brian@				~. ·
-	E-mail address: (to be used fo	future annual report notification)	· .
For further in	formation concerning this mat	ter, please ca	II:	i_
Brian Adeock		(217	330-0525	· - -
Nam	e of Person	Area Code	Daytime Telephone Number	- : F.
Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounteck payable to: FLORIDA DEPing Fee	ARTMENT (Fee & □	DF STATE \$78.75 Filing Fee & □ \$87.50 Fili Certified Copy Certificate Certified C	of Status

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.

ration; must include "INCORPORATED," "Inc," "Co," or "Corp.") in Florida, enter alternate corporate name a der the law of which it is incorporated)	dopted for the purpose of transacting but 20-2412813	siness in Florida)
3.	20-2412813	siness in Florida)
der the law of which it is incorporated)	20-2412813	
der the law of which it is incorporated)		
•	(FEI number, if applica	ible)
5.		
ncorporation)	(Date of duration, if other than	perpetual)
_		_
	, , ,	
	e street address)	 .
(Current mailing	address, if different)	
dress of Florida registered agent: (P.O.	Box NOT acceptable)	
Brian Adcock		2
3288 White Marsh Ln #3401		۲
		1
ort Myers	, Florida	- 777
(City)	(Zip code)	<u>.</u>
s acceptance:		
olication, I hereby accept the appointm oly with the provisions of all statutes re	ent as registered agent and agree to lative to the proper and complete pe	act in this capac
Brian aler	<u></u>	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 tur, IL 62521 (Principal office (Current mailing (Current mailing Adress of Florida registered agent: (P.O. Brian Adcock) 3288 White Marsh Ln #3401 ort Myers (City) s acceptance: as registered agent and to accept service olication, I hereby accept the appointment of the with the provisions of all statutes rether and accept the obligations of my post than a company to the obligations of the color o	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) tur, IL 62521 (Principal office street address) (Current mailing address, if different) Idress of Florida registered agent: (P.O. Box NOT acceptable) Brian Adcock 3288 White Marsh Ln #3401 ort Myers (City) Florida 33912 (Zip code)

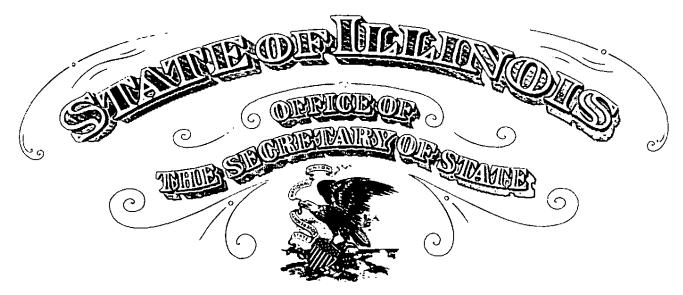
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Brian Adcock Name: _____ □ Chairman Name: □Chairman 1293 S 34th St Address: ☐ Vice Chairman Address: □ Vice Chairman Decatur, IL 62521 □ Director ■ Director □ President President □ Vice President _ □ Vice President ☐ Treasurer □ Secretary □Treasurer ☐ Secretary □Other _____ Other _____ Name: ______ ☐ Chairman □Chairman Name: _______ □Vice Chairman Address: _____ □ Vice Chairman Address: _____ □ Director □ Director □President □President □ Vice President __ □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary ☐Other _____ Other _____ ☐Other _____ □Other ____ Name: _____ □ Chairman Name: ____ □ Chairman ☐ Vice Chairman Address: ______ □ Vice Chairman Address: □ Director □ Director □President □ President □Vice President __ □Vice President □ Treasurer □ Secretary □ Treasurer ☐ Secretary □Other ____ □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 thing your Florida Department of State Annual Report form. 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. Brian Adcock

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

File Number

6404-126-6



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

SB ADCOCK, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 22, 2005, 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 30TH day of OCTOBER A.D. 2020 .

Authentication #: 2030402012 verifiable until 10/30/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE