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SECRETARY OF STATE

TALL ARRASSEE EL

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COVER LETTER

TO:	_	ation Section n of Corporations						
SUBJ	ECT:	The VenCom Group, Inc.						
50120		Name of corpora	tion - mu	ist include suffix				-
Dear S	Sir or Ma	dam:						
"Certif	ficate of.	Application by Foreign Corporation Existence," or "Certificate of Good ed foreign corporation to transact bu	Standing	" and check are subi	t Business i nitted to reg	n Floric gister th	da." e	
Please	return al	I correspondence concerning this ma	atter to th	ne following:				
		Peter A. Speranza						
		Name	of Perso	on				-
		The VenCom Group. In	ıc.			100 100 100 100 100 100 100 100 100 100	2021	
		Firm/	Company	·		三部	JAN	
		1441 Minard Ln.					Z	1
-		A	ddress			5-4		
		Green Oaks II, 60048				SEE S	PH	T
		City/Sta	ite and Z	ip code		TA	_မှ_	
		petesperanza@outlook	.com			H	ę	
		E-mail address: (to be us	sed for fu	ture annual report n	otification)			-
For fu	rther info	rmation concerning this matter, plea	ase call:					
Peter	Speranz	a at (_ 847	,	209-0709				
	Name	of Person Area		Daytime Telepl	hone Numbe	er		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Please		heck for the following amount: ek payable to: FLORIDA DEPARTM g Fee \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 8.75 Filing Fee & rtified Copy		0 Filing ficate of fied Cop	f 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.

١.	The VenCom		_				
	(Enter name of ec "Inc.," "Co.," "Co	orporation; must include "INCORPORAT orp," "Inc." "Co," or "Corp.")	ED."	"COMPANY." "CORPORATION."			
	(If name unavaila	ible in Florida, enter alternate corporate n	ame ac	dopted for the purpose of transacting bu	isiness in	Florida)
a Illinois		3.	3. 36-3994276			_	
(State or country under the law of which it is incorporated		<u>i)</u>	(FEI number, if applicable)				
4.	4. December 22, 1994		5				
(Date of incorporation)			(Date of duration, if other than perpetual)				
6.	Upon Registr					-	
7	1500 Gulf Sho	(Date first transacted busin- (SEE SECTIONS 607,1501 & 6) re Blvd. South, Naples FL 34102	ess in 1 07.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)	SECRE	2021 JAN	
,.	(Principal office street address) 1441 Mianrd Ln., Green Oaks IL 60048			TARY NAME	¥ -7		
8.	Name and stree	(Current n t address of Florida registered agent: James A. Otterbeck		address, if different) Box NOT acceptable)	OF STATE SEE, FL	PM 3: 46	Ö
O	ffice Address:	1500 Gulf Shore Blvd., South					
		Naples (City)	·	. Florida 34102 (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.

(Registered agent's signature)

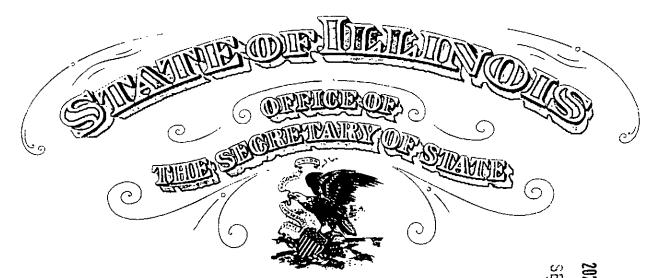
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: _____ Name: James A. Otterbeck □ Chairman ☐ Chairman Address: 1500 Gulf Shore Blvd. South □ Vice Chairman Address: □ Vice Chairman □Director (XD)rector Naples FL 34102 □ President **X**President □Vice President _ ☐ Vice President □Treasurer ☐Treasurer □ Secretary □ Secretary ☐Other _____ □Other _____ □Other _____ □Other_____ Name: Peter A. Speranza Name: _____ □ Chairman □ Chairman Address: 1441 Minard Ln. ☐Vice Chairman Address: _____ □ Vice Chairman Green Oaks IL 60048 □Director □ Director □President □President IXVice President □ Vice President □ Secretary Secretary □ Treasurer □Other _____ □Other []Other_____ Name: _____ □ Chairman □Chairman Address: □ Vice Chairman □Vice Chairman Address: _____ □ Director □ Director □ President □ President □ Vice President ☐ Vice President ☐ Treasurer □ Secretary □Treasurer □ Secretary Other ____ □Other _____ Important Notice: Usesan attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed ndividuals may be added to the index when filing 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 h 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.

Peter, A. Speranza, Vice President

File Number

5812-330-7



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

THE VENCOM GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 22, 1994, 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 6TH day of JANUARY A.D. 2021 .

Authentication #: 2100603158 ventiable until 01/06/2022 Authenticate at: http://www.cyberdriveillinois.com Sesse White

SECRETARY OF STATE