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(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	questor's Name)	,
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## COVER LETTER

_	tration Section ion of Corporations					
SUBJECT:	Exhibitors Connection, Inc.					
.,000.00	Name of corporation - must include suffix					
Dear Sir or M	adam:					
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Stand	ling" and check are subr			
Please return	all correspondence concerni	ng this matter (	to the following:	~		
Jennifer Dixon				821	ces	
		Name of P	erson		المد	
Exhibitors Cor	nection, Inc			EB 22	. 1	
		Firm/Comp	oany	10 2		
3225 10th Lan	e West			mo w	Ţ	
		Addres	SS	PH 3: 05		
Palmetto, Fl, 3	4221			tu o.		
		City/State an	d Zip code	<del></del>		
jendixon@exh	ibitorsconnection.com					
	E-mail address	: (to be used fo	or future annual report n	otification)		
For further in	formation concerning this m	natter, please ca	All:			
Jennifer Dixon		773	230-6314			
Nam	e of Person	Area Code	Daytime Teleph	one Number		
Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	rporations		
Enclosed is a Please make ch	check for the following amorek payable to: FLORIDA Diing Fee	EPARTMENT g Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status of	Ŀ	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

NOMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate co	rporate name ado	pted for the purpose of transacting b	usiness in Florida)	
Illinois		3. 36-	4414842		
(State or countr	y under the law of which it is inc	orporated)	(FEI number, if applic	able)	
January 11, 200	1	5		_	
(Date	of incorporation)		(Date of duration, if other than perpetual)		
				207	
3225-10th Lane V			orida, if prior to registration) F.S., to determine penalty liability)	FEB 2	
		(Principal office s	treet address)	22 PH 3: 05	
	(1)	, urrent mailing ac	turess, ii different)	PER 05	
Name and stree	et address of Florida registered	l agent: (P,O, B	ox <u>NOT</u> acceptable)		
Name:	Jennifer Dixon		_		
fice Address:	3225 10th Lane West		_		
	Palmetto		_ , Florida		
	(City)		(Zip code)		

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

. DIRECTORS	1.0 181		John Dixon
JChairman	Name:		lame:
∃Vice Chairman	Address: 3225 10th Lane West		Address: 3225 10th Lane West
∃Director	Palmetto, Fl. 34221	□Director .	Palmetto Fi. 34221
■ President		□President _	
∃Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasure
□Other	□ Other	□Other	Other
	Name:Address:		Address:
□Director		□Director	· · · · · · · · · · · · · · · · · · ·
□President		□President	- B
□Vice President		□Vice President	
□Secretary	Treasurer	□Secretary	□Treisfirer co
Other	Other	[]Other	Dother S
□Chairman	Name:	□ Chairman	Name:
□Vice Chairmar	1 Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President	·	□Vice President	
☐Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	□Other	Other	Other
individuals may	Use an attachment to report more than six (6). The be added to the index when filing your Florida Depaixon  Signature of Difference of Difference in the six (6). The six of the	irtiment of State Annual Re	port form.
she is aware that	rector signing this document (and who is listed in no false information submitted in a document to the D	epartment of State constitt	nes a tinta degree tenniy as provided to in
I3. Jennifer D	Oixon / President Search (Typed or printed name and capacity of	1 XXX	
	(Typed or printed name and capacity of	person signing apprecation	• •



## To all to whom these Presents Shall Come, Greeting:

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

EXHIBITORS CONNECTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 11, 2001, 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 16TH day of FEBRUARY A.D. 2021.

thentication # 2104704300 verifiable until 02/16/2022 http://www.cyberdriveillinois.com Desse White