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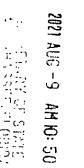
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COVER LETTER

	ation Section n of Corporations			
SUBJECT:	Novel Ideas, Inc.			
_	Name o	of corporation	- must include suffix	
Dear Sir or Mad	lam:			
"Certificate of I	Application by Foreign Co Existence," or "Certificate d foreign corporation to tr	of Good Stand	ling" and check are sub	
Please return al	Correspondence concerni	ng this matter	to the following:	
Erik J Peterson				
		Name of F	Person	
Movel	Ideas, In	10		
	1	Firm/Com	pany	
3671 CANOPY				
		Addre	SS S	
Naples				
		City/State ar	d Zip code	
erik.novelideas@	· -			
	E-mail address	(to be used for	or future annual report r	notification)
For further info	rmation concerning this ma	atter, please ca	all:	
Erik J Peterson		847 at (ode) 4314391 Daytime Telephone Number	
Name o	of Person	Area Code	Daytime Telep	hone Number
Registra Divisio The Cer 2415 N	ET/COURIER ADDRESS ation Section in of Corporations intre of Tallahassee in Monroe Street, Suite 810 ssee, FL 32303	S:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	neck for the following amo k payable to: FLORIDA DE g Fee S78.75 Filing Certificate o	PARTMENT 3 Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

			," "COMPANY," "CORPORATION,"		
Erik Peterson C	Consulting				
(If name unavail	lable in Florida, enter alte	rnate corporate name	adopted for the purpose of transacting business	in Florida)	
2. Illinois	n Illinois		42-1537528		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. May 24, 2002			Perpetual		
(Date	c of incorporation)		(Date of duration, if other than perpetual)		
6. August 1, 2021					
	(Date first (SEE SECTION role, Naples FL, 34120	transacted business its 607.1501 & 607.1	in Florida, it prior to registration) 502, F.S., to determine penalty liability)		
7	тею, таркез не. 34120	(Principal of	lice <u>street</u> address)		
		(Timetpar on	address)		
		(Current maili	ng address, if different)		
		•			
8. Name and stre	et address of Florida rep	gistered agent: (P.	O. Box <u>NOT</u> acceptable)		
Name:	3671 Canopy Cirele	Erik Pe	eterson	÷÷	2021
Office Address:	3671 Canopy Circle				ΑUί
	Naples		34120	2) 1 2) 1 2) 1 3) 1	9-3
	(C	ity)	$\frac{24120}{\text{(Zip code)}}$	<u>اُ دِ.</u> بر آن	>
0.15.4		•	•		AH 10:
	ent's acceptance: ied as registered agent	and to accept serv	ice of process for the above stated corporal	tion at the plac	
designated in this	application, I hereby a	accept the appoint	ment as registered agent and agree to act it	n this capacity.	. 1
			relative to the proper and complete perforn osition as registered agent.	iance of my di	nies,
	min and accept the or	mganons og my pe	min us registereu ugent.		
		\sim \perp			
	(reile)	Poli	<u> </u>		
		(Registered agent's s	ignature)		

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 Erik J Peterson Christine M Peterson □ Chairman ■ Chairman 3671 Canopy Circle 3671 Canopy Circle □ Vice Chairman Address: ☐ Vice Chairman Naples, FL. 34120 Naples FL, 34120 □ Director □Director President ☐ President □Vice President □ Vice President ■ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ ☐Other _____ □ Other ______ Chairman □Chairman Name: _____ Name: □Vice Chairman Address: _____ Address: _____ □Vice Chairman Director ☐ Director □President □President □Vice President □ Vice President □Treasurer: ☐ Secretary □Treasurer ☐ Secretary □Other _____ □Other ____ □Other _____ □Other -- $\square C$ hairman □Chairman Name: Name: □Vice Chairman Address; ☐ Vice Chairman Address: ____ □ Director □ Director □President □ President □ Vice President _ □Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □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 filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is fisted 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.

Erik Peterson, President

File Number

6224-185-3



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

NOVEL IDEAS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 24, 2002, 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 2021 .

day of JULY

A.D.

Authentication #: 2121003740 verifiable until 07/29/2022 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE