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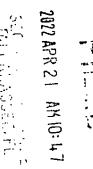
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S. ROBERTS APR 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: STERNBERG LANTERNS.	INC.			
	of corporation	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to t	of Good Star	nding" and check are submi		
Please return all correspondence concern	ing this matte	r to the following:		
VINCENT ALLARD				
	Name of	Person		
CORPOMAX INC.				
	Firm/Cor	npany		
2915 OGLETOWN RD				
	Addr	ress		
NEWARK, DE 19713				
	City/State a	and Zip code		
INFO@CORPOMAX.COM				
E-mail addres	s: (to be used	for future annual report not	ification)	
For further information concerning this n	natter, please	call:		
VINCENT ALLARD	at (266-8200		
Name of Person	Area Coo		ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, Fl. 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	
Enclosed is a check for the following amplease make check payable to: FLORIDA D \$70.00 Filing Fee \$78.75 Filing Certificate of the following amplease with the following	EPARTMENT ng Fee & — (\$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.

(If name unavail	able in Florida, enter alternate corporate name a		g business in	Florida)	<u> </u>
2. ILLINOIS		36-1825760			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		<u> </u>	
4. MAY 31, 1958	5				
(Date	s of incorporation) 5.	(Date of duration, if other than perpetual)		_	
6		_			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liabilit	ty)		_
555 LAWRENC	E AVE, ROSELLE, IL 60172, USA				
· · 	(Principal offic	e <u>street</u> address)	 		
	,				
	(
		address, if different)	1.0		-
					-
8. Name and stree		g address, if different)	S.	2027	-
8. Name and <u>stree</u> Name:	(Current mailing	g address, if different)	SLC. TALLA	2022 APR	
	(Current mailing et address of Florida registered agent: (P.O.	g address, if different)	SEC.	2022 APR 2 I	wer were
Name:	(Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC.	Box NOT acceptable)	SEC.	2022 APR 2 1 AM II	WET THE STATE OF T
Name:	(Current mailing (Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND RD	gaddress, if different) Box NOT acceptable)	SÉC. TALLAHÁSSEELFL	2022 APR 21 AM 10: 4	war yen d d areas n
Name: Office Address:	(Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND RD PLANTATION (City)	Box NOT acceptable) , Florida 33324	TALLAHÁSSEELFL	2022 APR 21 AH 10: 47	wat yen d d areas n
Name: Office Address: 9. Registered ag Having been nam	(Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND RD PLANTATION (City) ent's acceptance: ned as registered agent and to accept service	Box NOT acceptable) , Florida , Florida (Zip code) e of process for the above stated	l corporation	at the	place
Name: Office Address: 9. Registered ag Having been nam designated in this	(Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND RD PLANTATION (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) , Florida , Florida (Zip code) e of process for the above stated ent as registered agent and agre	l corporation te to act in th	at the	place acity. I
Name: Office Address: Registered ag Having been nam designated in this further agree to c	(Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND RD PLANTATION (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re-	Box NOT acceptable) , Florida 33324, Florida (Zip code) e of process for the above stated ent as registered agent and agrelative to the proper and complete	l corporation te to act in th	at the	place acity. I
Name: Office Address: Registered aging been namedesignated in this further agree to cand I am familian	(Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND RD PLANTATION (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes registered accept the obligations of my positive with and accept the obligations of my positive accept the accept th	Box NOT acceptable) , Florida 33324, Florida (Zip code) e of process for the above stated ent as registered agent and agrelative to the proper and complete	l corporation te to act in th	at the	place acity. I
Name: Office Address: Registered aging been namedesignated in this further agree to cand I am familian	(Current mailing et address of Florida registered agent: (P.O. NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND RD PLANTATION (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rewith and accept the obligations of my possible. NRAI SERVICES, INC.	Box NOT acceptable) , Florida 33324, Florida (Zip code) e of process for the above stated ent as registered agent and agrelative to the proper and complete	l corporation e to act in the e performan	at the	place acity. I

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•					
□ Chairman	Name: FRANÇOIS-XAVIER SOUVAY	□Choirman	Name: PETER TIMOTHEATOS			
□Vice Chairman	Address: 555 LAWRENCE AVE	□Vice Chairman	Address: 555 LAWRENCE AVE			
■Director	ROSELLE, IL 60172, U.S.A.	Director	ROSELLE, IL 60172, U.S.A.			
President		□President				
□Vice President		■Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
CEO CEO		☐ Other				
□Chairman	, PIERRE LAROCHELLE		PETYA VELIKOVA			
	Name: 555 LAWRENCE AVE	□Chairman	Name: 555 LAWRENCE AVE Address: 555 LAWRENCE AVE			
	Address:ROSELLE, IL 60172, U.S.A.	□Vice Chairman	Address:ROSELLE, IL 60172, U.S.A.			
Director		Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	☐Treasurer	☐ Secretary	■ Treasurer			
□Other	Other	□Other	□Other			
□ Chairman	Name:	□Chairman	Nume:			
□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. 12. 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.

File Number

3782-581-6



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

STERNBERG LANTERNS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 31, 1958, 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 8TH day of MARCH A.D. 2022 .

Authentication #: 2206702418 verifiable until 03/08/2023

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE