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(Requestor's Name) (Address)	
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(City/State/Zip/Phone #)	FILED 2022 OCT 28 AM IO: 46 A CALLER AM ID: 46 A CALLER AM ID: 46
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#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: GLORIA JEAN'S GOURMET COFFEES FRANCHISING CORP.

Name of corporation - must include suffix

Dear Sir or Madam:

· : , , 1

> The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Certificate of Status

Brittany Hansen				
Na	ame of	Person		
Registered Agent Solutions, Inc.				
Fin	m/Con	ipany		
5301 Southwest Parkway, Suite 400				
	Addre	255		
Austin, TX 78735				
City/	State a	nd Zip code		
rfgusa.legaldepartment@rfg.com.au				
E-mail address: (to be	used	or future annual report notification)		
Brittany Hansen at (	8	<sup>7057274</sup>		
Name of Person Are	ca Cod	c Daytime Telephone Number		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
The Centre of Tallahassee		P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Tailahassee, FL 32314		
Enclosed is a check for the following amount:				
Please make check payable to: FLORIDA DEPART		OF STATE		
👅 \$70.00 Filing Fee 👘 🔲 \$78.75 Filing Fee &	<u>ک</u> ۲	🛿 \$78.75 Filing Fee & 👘 🗍 \$87.50 Filing Fee.		

Certified Copy

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.

GLORIA JEAN'S GOURMET COFFEES FRANCHISING CORP.

....

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

linois	3.	36-3447732	
(State or count)	ry under the law of which it is incorporated)	(FEI number, if applicable)	
5/30/1986	5.		
(Date	e of incorporation)	(Date of duration, if other than perpet	tual)
10/1/2022			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
3 N Green St.,	Floor 8, Suite 803, Chicago, 1L 60607		
	(Principal offic	ec <u>street</u> address)	2022
	(Current mailing	g address, if different)	
Name and <u>stree</u>	et address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	F 28
Name:	Registered Agent Solutions, Inc.		2 . <b>A</b>
ce Address:	155 Office Plaza Dr. Suite A		9 <b>1:0</b>
	Tallahassee	Florida 32301	· O
	(City)	(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.

Adam Saldana, Assistant Secretary

(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.

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

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#### A. DIRECTORS

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ī J Chainman	Peter George Name:	Chairman	Name:
⊡Vice Chairman	Address:		Address:
Director	Center Drive	Director	
President	Robina, QLD 4226 Australia	President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
□0ther	Other	10ther	Other
⊐Chairman	Name:		Name:
⊡Vice Chairman	Address:	🗆 Vice Chairman	Address:
Director		Director	
		President	
⊡Vice President		DVice President	
⊡Secretary	Treasurer	Secretary	Treasurer
Other		DOther	(1)Other
⊡Chairman	Name:	Chairman N	lame:
□Vice Chairman	Address:	Uvice Chairman	Address:
Director		Directo:	
ElPresident		President _	
□Vice President		Vice President	
Secretary	Treasurer	□Secretary	Treasurer
Other	Other	Other	0.ther

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.

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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.

13. Peter George , Director

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



5426-347-3

File Number

## 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

GLORIA JEAN'S GOURMET COFFEES FRANCHISING CORP.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 30, 1986, 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 28TH day of OCTOBER A.D. 2022.

Authentication #: 2230100502 verifiable until 10/28/2023 Authenticate at: https://www.ilsos.gov

esse White

SECRETARY OF STATE