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S. FRANKLIN

NOV - 1 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	Andushie June of corporation	S. InC.	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ficate of Good Star	nding" and check are sub	ct Business in Florida." omitted to register the
Please return all correspondence co	ncerning this matte	r to the following:	
Rayel Williams			
^	Name of	Person	<u></u>
Craig Industries, 1	12.		6.3 (-)
	Firm/Con	npany	
401 Delaware St			
	Addr	ess	
Quincy 12 623	01		
	City/State a	nd Zip code	
Jegal@ craicinaus	nos. com		÷
) E-mail ad	ldress: (to be used)	or future annual report r	otification)
For further information concerning	his matter, please c	all:	
Fausel Williams	at (217	1641-1492	
Name of Person	Area Cod	e Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
f \	A DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			JTES, THE FOLLOWING IS S NESS IN THE STATE OF FLO	
1. Cai	a Industries In	<u>. </u>	OMPANY," "CORPORATION,"	
(Enter name of c	orporation; must include "INC orp," "Inc," "Co," or "Corp.")	CORPORATED," "CO	OMPANY," "CORPORATION,"	
(If name unavail	Manû Fach : 1710 able in Florida, enter alternate	orporate name adopt	ed for the purpose of transacting b	ousiness in Florida)
2. Illine	<u>(S</u>	3	37-123334C (FEI number, if applie	
t. (Date	of incorporation)	5	(Date of duration, if other than	n perpetual)
5				
	(SEE SECTIONS 60	7.1501 & 607.1502, F	ida, if prior to registration) .S., to determine penalty liability)	
401 D	elaware St.	, m, r , g , m, m		
Co. A	elaware St.	(Principal office <u>str</u>	eet address)	(4) (4) (4)
_\\\\	j 11 62301	(Current mailing add	ress, if different)	 -
				2.0
. Name and stree	t address of Florida register	red agent: (P.O. Box	NOT acceptable)	J.
Name:	CT Capuatio	on System_		.
Office Address:	1210 South Pin	ie Rd.		
	Plantation (City)		. Florida 33324	
	(City)		(Zip code)	
laving been nam esignated in this urther agree to co	application, I hereby accep	nt the appointment a If all statutes relativ	process for the above stated co is registered agent and agree to e to the proper and complete p as registered agent.	o act in this capacity.
	Christini v Cri	Christine Kelm Assistant Secretary		
_	(Regis	stered agent's signatur	re)	_
Π Attached is a d	ertificate of existence duly	authenticated not m	ore than 90 days prior to delive	ery of this application

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			<u> </u>			
□Chairman	Name: Ilis K. Craig	□Chairman	Name: Joshua Graig			
□Vice Chairman	Address: 401 Delawarest	□Vice Chairman	Address: 401 Delawate			
Director	Quiny, 11 62301	□Director	Chincy IL 62301			
XPresident		□President				
√ □Vice President		□Vice President				
□Secretary	Treasurer	☐ Secretary	Treasurer			
□Other	□Other	□Other	□Other			
□Chairman □Vice Chairman	Name: G. Allen Craig, II Address: 401 Delaware St.	□Chairman □Vice Chairman	Name:Address:			
□Director	aring 12 62301	□Director	-			
□President		□President				
XVice President		□Vice President				
Secretary	□Treasurer	□Secretary	☐ Treasurer			
□Other	□Other	□Other	·~)			
	Name: Lucas K Craig Address: 401 Delaware St. Quince 11 62301	□Chairman □Vice Chairman □Director	Name:			
□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 off-constal individual state individual state is lightly in great to the force stated by signature and that have						

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

5511-175-8



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

CRAIG INDUSTRIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 07, 1988, 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 12TH day of OCTOBER A.D. 2022.

Authentication #: 2228502554 verifiable until 10/12/2023

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

Desse White