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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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S. ROBERTS

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Journey Communications, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

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:

Michael Cory

Name of Pers	on
Journey Communications, Inc	
Firm/Compan	y
N9880 County Road T	
Address	
Portage, WI 53901	
City/State and Z	lip code
office.journeycomm@gmail.com	-
E-mail address: (to be used for fi	uture annual report notification)
For further information concerning this matter, please call: Laurie Cory	209-8238
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	STATE 8.75 Filing Fee & S 87.50 Filing Fee, ertified Copy Certificate of Status &

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,

Journey Commu	nications, Inc .	_			
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
Journey Commu	nications				
(If name unavaila	able in Florida, enter alternate corporate nar	nc	adopted for the purpose of transacting busin	ess in Florida)	
Illinois		3	45-3849772		
-	y under the law of which it is incorporated)		(FEI number, if applicable)		
09/20/2011		5	perpetual		
·	(Date of incorporation)		(Date of duration, if other than perpetual)		
).					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	(Principal)	off	ice <u>street</u> address)		
<u>_</u>	(Current ma	ilir	ng address, if different)		
3. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	2023	
Name:	Incorp Services, Inc.				
Office Address:	17888 67th Court North			_	
	Lexahatchee		. Florida ³³⁴⁷⁰	/ X 10: 20	
	(City)		(Zip code)	20	

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.

Kathy Shin

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

Chairman	Stephen Roggensack	⊡Chairman	Michael Cory Name:	
□Vice Chairman	6319 John Street Address:	□Vice Chairman		
Director		Director	Portage, WI 53901	
🗮 President		President		
□Vice President		Vice President	4 -2,72,2,	
Secretary	Treasurer	Secretary	Treasurer	
Other	[]Other	Other	D(ther	
	Loves Park, IL 61111	□Chairman □Vice Chairman □Director □President □Vice President	Name:	
Secretary	□Treasurer □Other	□Secretary □Other	Treasurer Other	
□Chairman □Vice Chairman □Director □President	Name: Address:	□Chairman □Vice Chairman □Director □President	Name:Address:	
□Vice President		□Vice President		
	Treasurer	Secretary	Treasurer	
Other	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.

13. Michael Cory



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

JOURNEY COMMUNICATIONS. INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 20, 2011, 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 18TH day of JANUARY A.D. 2023 .

Authentication #: 2301803024 verifiable until 01/18/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE