# F2300000/652

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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#### **COVER LETTER**

TO:	Registration Section Division of Corporations		,	
SUBJ	DECT: RETAIN	1 #00	US,/NC	<b>&gt;</b>
500			ist include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corpor ficate of Existence," or "Certificate of C referenced foreign corporation to transa	Good Standing	" and check are sub	
Please	return all correspondence concerning to	his matter to th	e following:	
	RETAIL FOCUS	Name of Perso		
	23231 W. LAKE	Firm/Company SI/ME	DRIVE	
	ANTIOCH 11	Address	0002	
	IT P. RETAIL TOCK		p code	notification)
For fu	rther information concerning this matter		<b>-</b>	,
	Name of Person	S47 Area Code	9/0. XI	32
	Name of Person	Area Code	Daytime Telep	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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPAI 0.00 Filing Fee	RTMENT OF Size $\&  \Box$ \$78	STATE 3.75 Filing Fee & rtified Copy	\$87.50 Filing Fee, Certificate of Status &

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF	
AFTAIL FOCUS 1010	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATIO.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	ATION,"
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of trans.	sacting business in Florida)
	, if applicable)
4. 71/2000 5. PERPENAL	
(Date of incorporation) (Date of duration, if	other than perpetual)
(Date first transacted business in Florida, if prior to registration (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty	
7. 23231 W. LAME SHALL DAVE ANTIOCH. (Principal office street address)	11 50007
(Timespan office <u>availed</u> address)	
(Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	2023 MAR
Name: JOHN L. THOMPUN	HAR
Office Address: 4215 EAST BAY DIN 1706 "C"	IIASS
CLEAR WATEA , Florida J769 (Zip code)	
9. Registered agent's acceptance:	F. 5
Having been named as registered agent and to accept service of process for the above	
designated in this application, I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statutes relative to the proper and co	
and I am familiar with and accept the obligations of my position as registered agent.	
The I have	
(Registered agent's signature)	
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior the Department of State, by the Secretary of State or other official having custody of cor	to delivery of this application to porate records in the jurisdiction

under the law of which it is incorporated.

A. DIRECTORS			
□ Chairman	Name: John L. Thomew	□Chairman	Name:
	Address: 23231 W. LAME SHUK M	□Vice Chairman	Address:
Director	ANTICA / L GOUZ	□Director	
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
Other	□Other	Other	Other
□Chairman	Name:	☐ Chairman	Name:
	Name:		Name:
□Vice Chairman		□Vice Chairman	
□ Vice Chairman □ Director □ President	Address:	□Vice Chairman	Address:
□ Vice Chairman □ Director □ President	Address:	☐Vice Chairman ☐Director ☐President	Address:
□ Vice Chairman □ Director □ President □ Vice President	Address:	☐Vice Chairman ☐Director ☐President ☐Vice President	Address:
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other Important Notice: individuals may be	Address:	□Vice Chairman □Director □President □Vice President □Secretary □Other □chment will be image ant of State Annual Reference of the control of	Address:
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other Important Notice: individuals may be 12 The officer or directors	Address:	□Vice Chairman □Director □President □Vice President □Secretary □Other □chment will be image nt of State Annual Re	Address:



## 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

RETAIL FOCUS, INC., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 15, 2000, 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 2ND day of MARCH A.D. 2023 .

Authentication #; 2306102414 verifiable until 03/02/2024

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

THE STANDS

SECRETARY OF STATE