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| (Requestor's Name) | | | | | |
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| (Ci | ty/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
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| (BL | ısiness Entity Name) | | | | |
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| Certified Copies | Certificates of | Status | | | |
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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S. ROBERTS

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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|----------|---|----------------|---|
| SUBJ | ECT: Studio 19Fourteen, Inc. | | |
| | Name of | corporation - | must include suffix |
| Dear S | ir or Madam: | | |
| "Certif | closed "Application by Foreign Corplicate of Existence." or "Certificate of referenced foreign corporation to tran | Good Stand | uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida. |
| Please | return all correspondence concerning | this matter t | o the following: |
| Sigita 1 | Vaitkeviciene | | |
| | | Name of P | erson |
| Studio | 19Fourteen, Inc. | | |
| | | Firm/Comp | any |
| 6330 H | lathaway Ln. | | |
| | | Addres | s |
| Downe | rs Grove, IL. 60516 | | |
| | (| City/State and | Zip code |
| Sigitava | aitk@yahoo.com | | |
| | E-mail address: (1 | o be used fo | r future annual report notification) |
| For fur | ther information concerning this matt | er, please ca | 11: |
| Sigita V | √aitkeviciene at | 708 | 271-2456 |
| | 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 |
| Please n | ed is a check for the following amount make check payable to: FLORIDA DEP. .00 Filing Fee S78.75 Filing F Certificate of S | ARTMENT (| DF STATE \$78.75 Filing Fee & |

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.

| Studio 19Fourte | een, Inc. | | | |
|---|---|--|---------------|--|
| (Enter name of c | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | |
| (If name unavail | able in Florida, enter alternate corporate name ad | opted for the purpose of transacting busines | s in Florida) | |
| 2. Illinois | | 2-2904214 | | |
| (State or country under the law of which it is incorporated) September 26, 2017 | | (FEI number, if applicable) | | |
| | of incorporation) | (Date of duration, if other than perp | etual) | |
| 7 6330 Hathaway I | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Ln, Downers Grove, IL. 60516 | 2, F.S., to determine penalty liability) | | |
| | (Principal office | street address) | 20 | |
| | (Current mailing | address, if different) | | |
| 8. Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | ا پ | |
| Name: | Sigita Vaitkeviciene | <u>.</u> | | |
| Office Address: | 2950 Tamiami Trail N. Suite 200 | | ာ သ | |
| | Naples | | 7 | |
| | (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.

(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.

| A. DIRECTORS | | | | | | |
|---|---|-----------------------|---|--|--|--|
| □Chairman | Name: Sigita Vaitkeviciene | □Chairman | Name: | | | |
| □ Vice Chairman | Address: 6330 Hathaway Ln | □Vice Chairman | Address: | | | |
| □Director | Downers Grove, IL. 60516 | □Director | | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | □Treasurer | □Secretary | □Treasurer | | | |
| □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: | | | |
| □ Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | □Treasurer | □Secretary | □Treasurer | | | |
| □Other | Other | Other | □Other | | | |
| individuais may be | Use an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen | t of State Annual Rep | for reporting purposes only. Non-indexed port 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. Sigita Vaitkeviciene | | | | | | |

File Number

7147-872-6



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

STUDIO 19FOURTEEN, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2017, 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 29TH

day of MARCH A.D. 2023

Authentication #: 2308803252 verifiable until 03/29/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE