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(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Fox Den Construction C	ompany			
	ame of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certification above referenced foreign corporation	icate of Good Stand	ding" and check are sub		
Please return all correspondence con-	cerning this matter	to the following:		
Bryce Jensen				
	Name of I	Person		
Fox Den Construction Co.				
	Firm/Com	pany		
10N130 Muirhead Ln				
	Addre	SS		
Plato Center, IL 60124				
	City/State ar	nd Zip code	 	
bjensen@foxdenconstruction.com				
E-mail add	dress: (to be used fo	or future annual report n	otification)	
For further information concerning the	nis matter, please ca	all:		
Bryce Jensen	at (²²⁴	Daytime Telephone Number		
Name of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	A DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. 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.

l	uction Company	001011111111111111111111111111111111111		
"Inc" "Co.," "C	orporation: must include "INCORPORATED," or," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORAT	TON,"	
/16 magnaa		10.00		
000	able in Florida, enter alternate corporate name ad		_	
2. (State or county	y under the law of which it is incorporated)	(CC)		
. 01-2020	y under the law of which it is incorporated)	(FEI number, i	i applicable)	
4. (1)016	of incorporation) 5	(D-461	1	
(I)ate	e of incorporation)	(Date of duration, if oth	ner than perpetual)	
6	(Date first transacted business in I	Clarida if arianta majarration)		
	(SEE SECTIONS 607.1501 & 607.150	2. F.S., to determine penalty lia	ability)	
7, 7901 4th St N, S	TE 300, St. Petersburg, FL 33702			
,	(Principal office	street address)		
PO Box 6037, Se	t. Charles, IL 60174			
	(Current mailing	address, if different)		
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)		91
Name:	Registered Agents Inc		202	;
Office Address:	7901 4th St N, STE 300		2023 HAY 19 PM 1: 5	
Office Address.	St. Petersburg		表 基本	=
	(City)	, Florida 33702 (Zip code)	9 1	ľΠ
	(City)	(Zip code)	FI S	O
	ent's acceptance:		ORA T	
	ned as registered agent and to accept services application, I hereby accept the appointme		ated corporation at t ill p	lace
further agree to c	omply with the provisions of all statutes rel	ative to the proper and com	plete performance of my	duties,
and I am familia	with and accept the obligations of my posi-	tion as registered agent.		
	David Rober	ta		
-	(Registered agent's sign			

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 Bryce Jensen □Chairman Name: □Chairman Name: 10N130 Muirhead Ln □Vice Chairman Address: □Vice Chairman Address: _____ Plato Center, IL 60124 ☐ Director □ Director Bryce Jensen President □President ☐Vice President □Vice President **■** Secretary **■**Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other _____ ⊡Other _ _ Chairman Name: Name: □ Chairman □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 □Vice Chairman Address: _____ ☐ Vice Chairman Address: ____ Director □ Director ☐ 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. 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.

Bryce Jensen, President

File Number

7262-673-7



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

FOX DEN CONSTRUCTION COMPANY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 15, 2020, 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 17TH day of MAY A.D. 2023 .

Authentication #: 2313701556 verifiable until 05/17/2024

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

Alexa Dianarah