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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Planbook inc	
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this n	natter to the following:
Jacob Hall	
Nan	ne of Person
Planbook Inc	
Firm	n/Company
PO Box 549	
	Address
Yorkville, IL 60560	
City/S	tate and Zip code
jacob@planbook.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Jacob Hall at (331	702-0480
	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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 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.

(If name margil	obla in Clorido autor alternata correctata nanua a	lopted for the purpose of transacting business in Florid	
	·		ia)
Illinois	. j.	(FEI number, if applicable)	
10/11/2011	y under the law of which it is incorporated)	•	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
1 Daistean I Da	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
1 Brickyard Dr. S	Suite 202, Bloomington, IL 61701		
DO D 540 V	· · · · · · · · · · · · · · · · · · ·	e <u>street</u> address)	
PO Box 549, Yo			
	(Current matting	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
	et address of Florida registered agent: (P.O. Devin Homeman	Box NOT acceptable)	
Name and stree	Devin Homeman	•	
		•	
Name:	Devin Homeman 3422 W. Lemon St. Tampa	•	
Name:	Devin Homeman 3422 W. Lemon St. Tampa		
Name: ffice Address:	Devin Homeman 3422 W. Lemon St. Tampa (City)	Florida 33609 (Zip code)) %
Name: ffice Address: Registered ag	Devin Homeman 3422 W. Lemon St. Tampa (City) ent's acceptance:	SECRETARY SECRETARY (Zip code)	ت بر
Name: Flice Address: Registered agaving been namesignated in this	Devin Horneman 3422 W. Lemon St. Tampa (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment.	Florida 33609 (Zip code)	o S Sig pl Spaci

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 Rod Hall Name: □Chairman ☐ Chairman Name: 21020 Pacific City Cir. ☐ Vice Chairman Address: □Vice Chairman Address: Unit 2212 □Director □Director Huntington Beach, CA 92648 **President** □President □Vice President _____ □Vice President ☐ Secretary Treasurer □ Secretary □Treasurer □Other ____ □Other ____ □Other _____ □Other □Chairman Name: _____ □ Chairman Name: □Vice Chairman □ Vice Chairman Address: _____ Address: ☐ Director □ Director President | President □Vice President _ □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □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 _____ 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 \$,817,155, F.S.

Rod Hall, President



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

PLANBOOK INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 11, 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, 1 hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of MAY A.D. 2023.

Authentication #: 2314301730 verifiable until 05/23/2024

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

Tuy summer

SECRETARY OF STATE