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PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

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TO:	~	tration Section ion of Corporations		
SUBJ	ECT:	San Jose Advertising Inc.		
., 0			corporation -	must include suffix
Dear S	ir or M	adam:		
"Certit	icate of		f Good Standi	uthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.
Please	return :	all correspondence concerning	g this matter to	the following:
George	e L. San	Jose		
			Name of Pe	erson
San Jo	se Adve	rtising Inc.		
·			Firm/Comp	any
7515 P	'elican F	Bay Blvd. Suite 9C		
			Address	S
Naples	, FL. 34	108		
	·		City/State and	Zip code
SanJos	e@sjad	v.com		
	•	E-mail address:	(to be used for	future annual report notification)
For fur	ther in	formation concerning this mad	ter, please cal	1:
George	e I San	Jose	t (<u></u>	565-6401
	Nam	e of Person	Area Code	Daytime Telephone Number
	Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
		check for the following amou		DF STATE

□ \$70.00 Filing Fee ■ \$78.75 Filing Fee & □ \$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.

San Jose Marke	ting Inc.				
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)		
Illinois 2.	Ilinois 36-4328699 3.				
	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. <u>November 4-19</u> 9	99 5.				
	of incorporation)	(Date of duration, if other than perpe	(Date of duration, if other than perpetual)		
5. June 1 2023			_		
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)			
, 7515 Pelican Bay	Blvd. Suite 9C, Naples, FL 34108	,			
1		fice <u>street</u> address)			
	(Current maili	ng address, if different)			
8. Name and <u>stree</u>	et address of Florida registered agent: (P.		707		
Name:	et address of Florida registered agent: (P.6 George L. San Jose 7515 Pelican Bay Blvd. Suite 9C	O. Box <u>NOT</u> acceptable)	81 NVF (27.7	•	
Name:	et address of Florida registered agent: (P.o. George L. San Jose 7515 Pelican Bay Blvd. Suite 9C Naples	O. Box <u>NOT</u> acceptable)			
	et address of Florida registered agent: (P.6 George L. San Jose 7515 Pelican Bay Blvd. Suite 9C	O. Box <u>NOT</u> acceptable)			
Name: Office Address: 9. Registered ago Having been nam designated in this further agree to c	George L. San Jose 7515 Pelican Bay Blvd. Suite 9C Naples (City) ent's acceptance: sed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes.	O. Box <u>NOT</u> acceptable)	(i)	ity. I	
Name: Office Address: 9. Registered ago Having been nam designated in this further agree to c	George L. San Jose 7515 Pelican Bay Blvd. Suite 9C Naples (City) ent's acceptance: sed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes.	O. Box NOT acceptable) Florida 34108 (Zip code) sice of process for the above stated corporal ment as registered agent and agree to act is relative to the proper and complete perform	(i)	ity. I	

A. DIRECTORS	`							
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	7515 Pelican Bay Blvd. Suite 9C Address:	□Vice Chairman	Address:					
□Director	Naples FL. 34108	□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:					
□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.								
12	Signature (if Director o	r 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 of 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.								

File Number

6075-226-5



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

SAN JOSE ADVERTISING INC.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1999, 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 8TH day of JANUARY A.D. 2024.

Authentication #: 2400802984 verifiable until 01/08/2025 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE