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COVER LETTER

_	ion of Corporations			
SUBJECT:	Journey Communications, Inc			
, obdect.	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
Certificate o	"Application by Foreign Configuration or "Certificate ced foreign corporation to tra	of Good Standi	ng" and check are submitt	
Please return	all correspondence concernit	ng this matter to	the following:	
Michael Cory				
		Name of Pe	erson	
Journey Comm	nunications, Inc			
		Firm/Comp	any	
N9880 County	Road T			
		Addres	S	
Portage, W1	,53901			
<u> </u>		City/State and	l Zip code	
53901	office.joi	urney con	nm@gmail.co	om
			future annual report notif	
For further in	formation concerning this m	atter, please cal	l:	
Laura Cory		815	209-8238	
Nam	e of Person	Area Code) 209-8238 Daytime Telephon	e Number
Regis Divis The C 2415 Talla	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 check for the following amo		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations
	neck payable to: FLORIDA DE	EPARTMENT (g Fee &		\$87.50 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.

Journey Communications, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Corp," "Inc," "Corp," "Corp.")					
Journey Commu					
(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting busi	iness in Florida)		
1llinois 45-3849772 2. 3.					
	(State or country under the law of which it is incorporated) (FEI number, if appl		ole)		
4 Illinois	, pc	5 perpetual			
(Date	of incorporation) ct 4/8/24 (anticipated)	(Date of duration, if other than p	erpetual)		
77	(SEE SECTIONS 607.1501 & 607.1502 ad T, Portage, WI 53901 (Principal office				
	(Current mailing a	address, if different)			
8. Name and stree	t address of Florida registered agent: (P.O. l				
Name:	elacorp Service	U, elnc.	LUL" HAR		
Office Address:	Hncorp Service 3458 Lakeshore Jallahassee	- Dr.			
	Sallahassee	Florida32312-	-		
	(City)	(Zip code)	P		
9. Registered age Having been name	ent's acceptance: ed as registered agent and to accept service	of process for the above stated corp	f= Cn poration At the pla		

Heather Glenn on behalf of InCorp Services, Inc.
(Registered agent's signature)

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.

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	Stephen Roggensack	□Chairman	Name:			
□Vice Chairman	Address: 6319 John Street	□ Vice Chairman	Address: N9880 County Road T			
□Director	Loves Park, IL 61111	□Director	Portage, WI 53901			
■ President		□President				
□Vice President		■Vice President				
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other	Other			
□Chairman	Stepeh Namc:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman				
□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			
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of	ent of State Annual R	eport form.			
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						

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.



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

JOURNEY COMMUNICATIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 20, 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, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MARCH A.D. 2024.

Authentication #: 2407203918 verifiable until 03/12/2025

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

Alexi Giannol

SECRETARY OF STATE