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(Requestor's Name)						
(,						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Codification of Status						
Certified Copies Certificates of Status						
						
Special Instructions to Filing Officer:						





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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: 40 Acre Farm, Inc			
15 0 25 0	Name of corpora	ition - must include suffix		
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Good referenced foreign corporation to transact bu	Standing" and check are subm	Business in Florida," itted to register the	
Please	return all correspondence concerning this ma	atter to the following:		
John C	. Clavio			
	Name	e of Person		
Clavio.	Van Ordstrand & Associates, LLP			
	Firm/	Company		
10277	W. Lincoln Highway			
_	A	ddress		
Frankfe	ort, IL 60423			
	City/Sta	ate and Zip code		
john@	cvalawoffices.com			
_	E-mail address: (to be us	sed for future annual report no	tification)	
For fu	rther information concerning this matter, plea	ase call:		
Obiee at (815) 464-8290 ext 104				
	Name of Person Area		one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	ted is a check for the following amount: make check payable to: FLORIDA DEPARTM 0.00 Filing Fee S78.75 Filing Fee & Certificate of Status	ENT OF STATE □ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

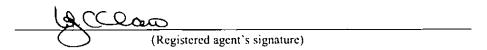
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

40 Acre Farm, I	inc.				
(Enter name of o	corporation; must include "INCORPORATED," Corp.," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name ac	opted for the purpose of transacting business in	Florida)		
2. Illinois	3 2	3. 27-2274608			
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4. 03/26/2010	5.				
(Date	e of incorporation)	(Date of duration, if other than perpetual)			
6					
-	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	lorida, if prior to registration)			
10277 W. Lincol		1.1.3., to determine penanty hability			
7	n Highway, Frankfort, IL 60423 (Principal office	street address)			
	(Current mailing	address, if different)			
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2614 850		
Name:	Michael and Gina Bonifacio	_	30		
Office Address:	17596 Kinzie Lane				
	Estero	, Florida 33928	22.		
	(City)	(Zip code)	c		

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.



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:	□Chairman	Name: Michael B	onifacio			
□Vice Chairman	Address: 17596 Kinzie Lane	□Vice Chairman	17596 k Address:	Cinzie Lane			
□Director	Estero, FL 33928	□Director	Estero, FL 33928				
President	Gina Bonifacio	□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary	[∃Treasurer			
Other	□Other	Other	〔	Other			
□Chairman	Gina Bonifacio	□ Chairman	Name:				
□Vice Chairman	17596 Kinzie Lane Address:						
Director	Estero, FL 33928	□ Director					
□President		□President					
		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary					
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 of Director or Officer							
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departm						

13. GINA BONIFACIO, 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

40 ACRE FARM, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 26, 2010, 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 24TH day of SEPTEMBER A.D. 2024 .

Authentication #: 2426803314 venfiable until 09/74/2025 Authenticate at https://www.isos.gov

Ally Honon