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

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S. ROBERTS
JUL 0 8 2022

COVER LETTER

	stration Section ion of Corporations					
SUBJECT:	Kann Enterprises, Inc.					
Sobolet.	Namo	e of corporation	- must include suffix			
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign C f Existence," or "Certifica ced foreign corporation to	te of Good Stand	ding" and check are su			
Please return	all correspondence concer	ning this matter	to the following:			
Paul Leahy						
		Name of I	Person			
Kann Enterpris	ses, Inc.					
		Firm/Com	pany			
209 Amendodę	ge Drive					
· <u>-</u>		Addre	ss			
Shorewood, IL	. 60404					
 , .		City/State ar	nd Zip code			
Paul@kannent	erprises.com					
	E-mail addre	ss: (to be used for	or future annual report	notification)		
For further in	formation concerning this	matter, please ca	all:			
Paul Leahy		at (⁶³⁰	440-9969			
Nam	e of Person	Area Code	Daytime Tele	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following an		OF STATE			
■ \$70.00 Fili	ing Fee	_	\$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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)	
Illinois		36-3586197		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
(Date of incorporation) 5.		(Date of duration, if other t	han perpetual)	
· 	Prive, Orlando, FL 32824 (Principal offi Drive, Shorewood, IL 60404	ce <u>street</u> address)	2 922	
20) Amendouge		g address, if different)	 	
Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	JL-8 A	
	B 11 1			
Name:	Paul Leahy		· 	
	1001 Tradeport Drive		AH 11: 39	
Name: Office Address:		 , Florida ³²⁸²⁴	39	

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.

(Registered agent's signature)

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: Douglas Snode	□Chairman	Name:				
□Vice Chairman	209 Amendodge Drive	□Vice Chairman	Address:				
□Director	Shorewood, IL 60404	□Director					
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	□Other		Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
Director		Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
□Other		Other		Other			
□Chairman	Name:	□ Chairman	Name:	. <u>-</u>			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary	ا	□Treasurer			
Other	Other	Other		Other			
Important Notice: Use an attachment to report more than six (6). The important will be imaged for reporting purposes only. Non-indexed individuals may be added to the index where filing your Elevida Department of State Annual Report form. 12. 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.

File Number

5511-010-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, 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

KANN ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 06, 1988, 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 7TH

day of

JULY

A.D. 2022

Authentication #: 2218803102 verifiable until 07/07/2023

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

Desse White

SECRETARY OF STATE