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SECRETARY OF STATIONS

NIVISION OF CORPORATIONS

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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	MG Automation, inc.			
50202011		corporation - n	nust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Standin	g" and check are submit	
Please return	all correspondence concerning	this matter to	the following:	
Michael Graha	un			
		Name of Per	son	
MG Automatic	on, inc.			
		Firm/Compar	ny	
537 N. Sycamo	ore In.			
		Address	· ·	
N. Aurora, IL.	60542			
		City/State and	Zip code	
m.graham@m	gautomation-inc.com			
	É-mail address: (to be used for	future annual report noti	fication)
For further in	formation concerning this mat	ter, please call:		
Michael Graha	um at	(630	336-2577	
Nam	e of Person	Area Code	336-2577 Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounteek payable to: FLORIDA DEPting Fee	ARTMENT OF STATES ARTMENT ARTMENT OF STATES ARTMENT OF STATES ARTMENT OF STATES ARTMENT OF STATES ARTMENT ARTMENT OF STATES ARTMENT ARTMENT OF STATES ARTMENT AR		■ \$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.

MG Automation	i, inc.		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
MG Automation	1		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	s in Florida)
2. Illinois	22-3902921		
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 09/23/2004	5	perpetual	
(Date	of incorporation)	(Date of duration, if other than perpe	etual)
6. N/A			
···		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
537 N. Sveamore	In. N. Aurora, IL. 60542-1298	502, r.3., to determine penany maonity)), vil. S
7		fice street address)	NA CARE
	(Timeliai VII	address)	T TEST
	(Current maili	ng address, if different)	
			OF ST
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	STATE STATE
Name:	Michael Graham		का ह
Office Address:	3268 Songbird Circle		
	Sanit Cloud	, Florida ³⁴⁷⁷³	
	(City)	(Zip code)	
designated in this further agree to c	ed as registered agent and to accept serv application, I hereby accept the appoint	ice of process for the above stated corpora ment as registered agent and agree to act i relative to the proper and complete perfori osition as registered agent.	in this capacity. I
	michael gr. (Registered agent's s	aham	
	(Registered agent's s	ignature)	
the Department of		, not more than 90 days prior to delivery of official having custody of corporate records	• •

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□ Chairman	Michael Graham Name:	⊟Chaiπnan	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director	N. Aurora, IL. 60542	□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
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	ne attachment will be image partment of State Annual Re	d for reporting	purposes only. Non-indexed
	michael Signature of Dire		•	
	Signature of Dire	ector or Officer		
	ctor signing this document (and who is listed in ralse information submitted in a document to the I			
13	Michael Graham			
	(Typed or printed name and capacity o	f person signing application)	

File Number

6379-974-2



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

MG AUTOMATION INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 23, 2004, 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 2024

day of A.D.JUNE

Authentication #: 2415802284 verifiable until 06/06/2025 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE