

F24000004302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

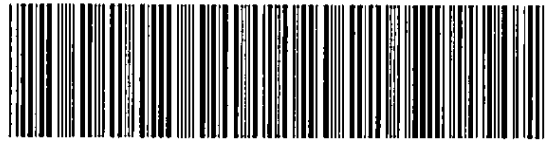
(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024/05/14 09:52

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הנהלת המוסד

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/14/2024

Acc#I20160000072

en: c 12/11

Name:	FAMILY VIDEO MOVIE CLUB INC.
Document #:	
Order #:	15819177

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____

Document _____

Examiner _____

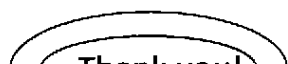
Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: \$ **78.75**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY VIDEO MOVIE CLUB INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HEATHER HANRAHAN

Name of Person

FAMILY VIDEO MOVIE CLUB INC

Firm/Company

2701 W LAWRENCE AVE, SUITE A

Address

SPRINGFIELD, IL 62704

City/State and Zip code

HEATHER.HANRAHAN@HIGHLANDVENTURESLLTD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER HANRAHAN

at (847)

904-9000

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

1. FAMILY VIDEO MOVIE CLUB INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 37-1158001
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/28/1982 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2701 W LAWRENCE AVENUE, SUITE A, SPRINGFIELD, IL 62704
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

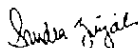
Plantation FL 33324
(City) (Zip code)

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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.

C T Corporation System



Sandra Zwijack, Assistant Secretary

By: _____
(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.

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 Name: KEITH A. HOOGLAND
☐ Vice Chairman Address: 2701 W LAWRENCE AVE
☐ Director SUITE A
☒ President SPRINGFIELD, IL 62704
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: SUSAN R.M. HOOGLAND
☐ Vice Chairman Address: 2701 W LAWRENCE AVE
☐ Director SUITE A
☐ President SPRINGFIELD, IL 62704
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: KEITH MCLAIN HOOGLAND
☐ Vice Chairman Address: 2701 W LAWRENCE AVE
☐ Director SUITE A
☐ President SPRINGFIELD, IL 62704
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst Secretary ☐ Other _____

☐ Chairman Name: BENJAMIN HOOGLAND
☐ Vice Chairman Address: 2701 W LAWRENCE AVE
☐ Director SUITE A
☐ President Springfield, IL 62704
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

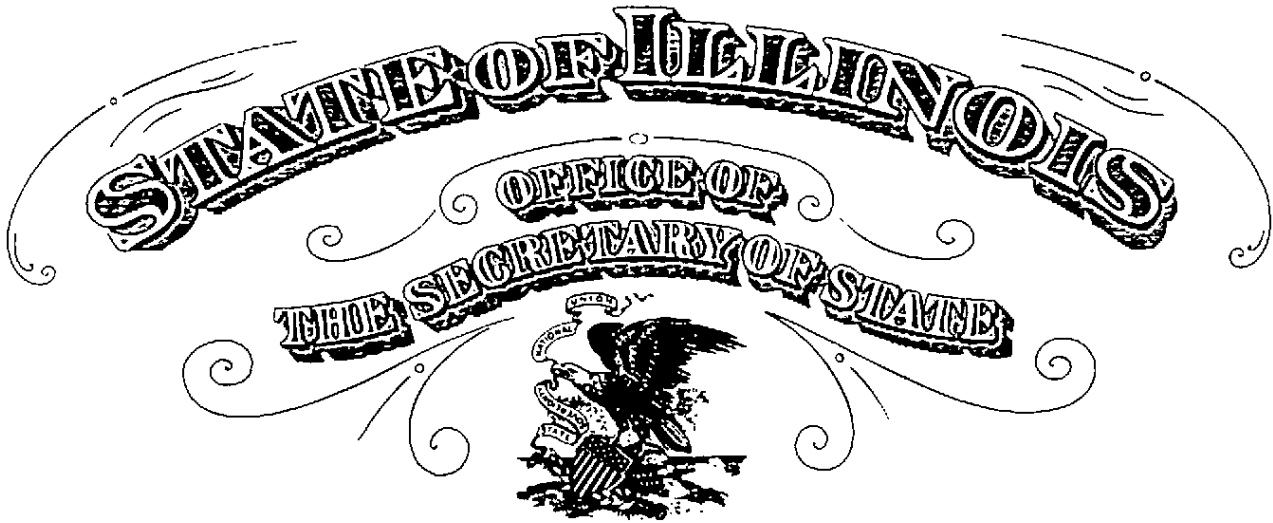
12. KA Hoogland
 Signature of Director or Officer

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.

13. Keith A Hoogland, President
 (Typed or printed name and capacity of person signing application)

File Number

5403-711-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

FAMILY VIDEO MOVIE CLUB INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 08, 1985, 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 14TH day of AUGUST A.D. 2024 .