F250000525

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

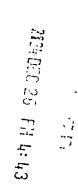
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T. LEMIEUX

JAN 15 2025

COVER LETTER

_	stration Section sion of Corpora				
SUBJECT:	Paragon, Parac	ligm, Paradox Inc			
SOBSECT.		Name of corporation	n - mu	st include suffix	
Dear Sir or M	ladam:				
"Certificate o	of Existence," o	by Foreign Corporation for ir "Certificate of Good Sta rporation to transact busin	nding``	and check are subm	
Please return	all correspond	ence concerning this matte	er to the	e following:	
Courtland Hic	key				
	<u> </u>	Name o	f Perso	n	
Paragon, Parag	digm, Paradox Ii	nc			
		Firm/Co	npany		
1120 W. Fulle	rton				
		Add	ress		
Chicago IL 60	614				
• •	 	City/State	and Zij	o code	
courtland@ch	icagocostume.co	m			
	. L	-mail address: (to be used	for fut	ure annual report no	tification)
For further in	formation con	cerning this matter, please	call:		
Courtland Hic	key	at (⁷⁷³	93	48514	
Nam	ne of Person	Area Co	de	Daytime Telepho	one 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			
	heck payable to:	following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified 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.

Chicago Mascot	×.			
	able in Florida, enter alternate corporate name ad	lanted for the purpose of transacting h	unsiness in Florida)	
Illianis	3	6-3609151	distress in Florida,	
(State or countr	y under the law of which it is incorporated) $3. \frac{3}{2}$	3. 36-3609151 (FEI number, if applicable)		
11/10/14/00	,	(1 21 111111111111111111111111111111111	,	
(Date	of incorporation) 5	(Date of duration, if other tha	n perpetual)	
1/1/2025				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)		
1226 Wintergard	en Vineland Road suite 100, Wintergarden Floric			
	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)	<u> </u>	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
	Mary Hickey			
Name:			22.	
Name:	109 Amber Sweet way PMB 172		_3 ² 4	
Name: ffice Address:	Davenport	—— 33897	4 B.C	
		Florida 33897(Zip code)	2774 BTC 25	

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:	<u> </u>
□Vice Chairman	Address: 1120 W. Fullerton	□Vice Chairman	Address:	
□Director	Chicago, IL 60614	□Director		
President		□President		-
□Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary		□Treasurer
Other	□Other	□Other		Other
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman		
□Director	Chicago, IL 60614	□Director		
□President		□President		
□Vice President	· · · · · · · · · · · · · · · · · · ·	□Vice President		
■ Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	-	
□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 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. Courtland Hickey - Secretary

(Typed or printed name and capacity of person signing application)

File Number

5530-104-2



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

PARAGON, PARADIGM, PARADOX, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 18, 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 11TH day of DECEMBER A.D. 2024.

Authentication #: 2434603766 verifiable until 12/11/2025

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

Alex Dianard