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### **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	Stott Publishing, Inc.				
		e of corporation - m	ust include suffix		
Dear Sir or M	1adam:				
"Certificate of	"Application by Foreign Of Existence," or "Certificanced foreign corporation to	te of Good Standing	g" and check are submi-		
Please return	all correspondence concer	ning this matter to t	he following:		
William R. St	ott				
		Name of Pers	son		
Stott Publishi	ng, Inc.				
		Firm/Compan	y		
32 Webster La	ane				
		Address			
Palm Coast, F	L 32164				
-		City/State and Z	Lip code		
stott853@gma					
	E-mail addre	ss: (to be used for f	uture annual report not	ification)	
For further in	nformation concerning this	matter, please call:			
William R. St	at () 432-9140				
Nan	ne of Person	Area Code	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 Section Division of Corp. P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	-	DEPARTMENT OF ing Fee & □ \$7		■ \$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.

(If name unavail	able in Florida, enter alternate corpor	ate name adopted	or the purpose of transacting b	usiness in Florida)
ILLINOIS				
(State or countr	y under the law of which it is incorpo	) prated)	(FEI number, if applic	cable)
	0			
(Date	of incorporation)	J	(Date of duration, if other than	ı perpetual)
January 24, 202	5			
	(Date first transacted b (SEE SECTIONS 607.1501	winess in Florida & 607.1502, F.S	if prior to registration) to determine penalty liability)	
2 Webster Lane	, Palm Coast, FL 32164			
_	(Prir	ncipal office <u>street</u>	address)	
ame as above			10.3100	<del>_</del>
	(Curr	ent mailing addres	s, if different)	
Vame and stree	et address of Florida registered ag	ent: (P.O. Box.)	NOT acceptable)	22
	et address of Florida registered ag	ent: (P.O. Box ]	NOT acceptable)	2125
Name and <u>stree</u>	William R. Stott	ent: (P.O. Box <u>1</u>	NOT acceptable)	2025 2111
		ent: (P.O. Box ]	N <u>OT</u> acceptable)	222 7 30
Name:	William R. Stott  32 Webster Lane			
Name:	William R. Stott  32 Webster Lane		NOT acceptable)  lorida 32164 (Zip code)	
Name: ice Address:	William R. Stott  32 Webster Lane			225 211130 611 4: 12

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.

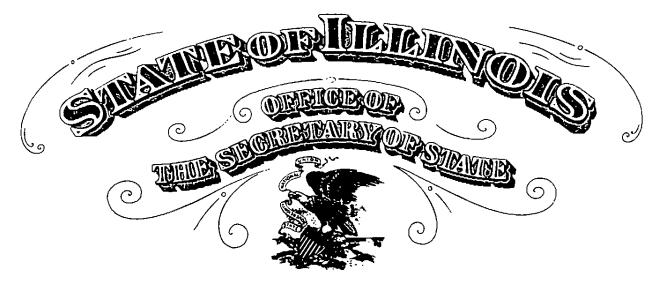
#### A. DIRECTORS Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ ☐ Chairman □Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman □Director □ Director William R. Stott □President President Wendy S. Stott ■ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □ Chairman □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 Chai⊓nan Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □ Director □ Director □President □ President □Vice President □ Vice President \_\_\_ □Treasurer □ Secretary □Treasurer □ Secretary □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. 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.

William R. Stott, President

#### File Number

6687-500-8



# 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

STOTT PUBLISHING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 03, 2009. 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 JANUARY A.D. 2025

Authentication #: 2502401374 verifiable until 01/24/2026

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