

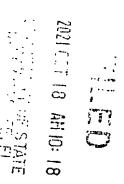
(Requestor's Name)			
,			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
	T INIVIE		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Stat	tus		
Special Instructions to Filing Officer			
Special Instructions to Filing Officer:			

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COVER LETTER

TO:	Registration Section Division of Corporations			
	D&F Management Group Inc.			
SUBJ	JECT:			
	Name o	of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stan	iding" and check are submitt	
Please Felix F	return all correspondence concerni Reznik	ng this matter	r to the following:	
		Name of	Person	
D&F N	Management Group Inc.			
-		Firm/Con	nany	
26 Sug	ar Magnolia Dr	T Willia Con		
		Addr	ess	<u></u>
Ponte '	Vedra, F1, 32081			
		City/State a	ınd Zip code	
felixre	znik@icloud.com	Chy/State a	and Zip code	
	E-mail address	: (to be used	for future annual report notif	ication)
	2	. (,	,
For fu	rther information concerning this m	atter, please c	call:	
Felix I	Reznik	847	971-6873	
		at (
	Name of Person	Area Cod	le Daytime Telephon	e Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please	sed is a check for the following amount make check payable to: FLORIDA DI 0.00 Filing Fee S78.75 Filin Certificate of	EPARTMENT g Fee & - [387.50 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.

	orporation: must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATI	'',''	
D&F Manageme	ent Inc.			
Illinois		-3805551		
8/27/2019		(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	ia Dr. Ponte Vedra, FL 32081			
·	(Principal office	street address)		
	(Principal office	street address) address, if different)	2021	
. Name and stre	(Principal office	ddress, if different)	2021 CO 1 18 A	1
. Name and <u>stre</u> Name:	(Principal office) (Current mailing a gent: (P.O. I	ddress, if different)	The second second	1
. Name and stre	(Principal office (Current mailing a et address of Florida registered agent: (P.O. I Felix Reznik 26 Sugar Magnolia Dr Ponte Vedra	ddress, if different)		1

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	Felix Reznik		Dmitry Fishkin				
□Chairman	Name: 26 Sugar Magnolia Dr	□Chairman	Name: 25 Willow Bay Dr				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Ponte Vedra, FL 32081	Director	Ponte Vedra, FL 32081				
■ President		□President					
□Vice President		■Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
D.Chrisman	No.	□ Ch airmean	Manage				
□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:		Address:				
□Director		□Director					
□President		□President					
□Vice President		□ Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other	Other				
<u>Important Notice:</u> 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							
individuals may be added to the index when filing your Florida Department of State Annual Report form.							

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.

Felix Reznik, President



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

D&F MANAGEMENT GROUP INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 27, 2019, 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 12TH day of OCTOBER A.D. 2021 .

Authentication #: 2128502700 verifiable until 10/12/2022

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

Desse White

SECRETARY OF STATE