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COVER LETTER

		ration Section on of Corporations				
SUBJE	CT:	Cybertania, Inc.				
0000		Nar	ne of corpo	oration - n	nust include suffix	
Dear Sir	r or M	adam:				
"Certific	cate of	"Application by Foreign Existence," or "Certific ced foreign corporation to	ate of Goo	d Standin	g" and check are sub	
Please re	eturn a	ill correspondence conce	erning this	matter to	the following:	
Lawrence	e G. V	Valters, Esq.				
			Na	me of Per	son	
Walters	Law G	roup				
			Firm	n/Compar	ıy	
195 W. I	Pine A	venue				
	-			Address	· 	
Longwo	od, FL	32750				
			City/S	State and 2	Zip code	
paralega	l@firs	tamendment.com				
		E-mail add	ress: (to be	used for i	uture annual report n	otification)
For furth	her int	ormation concerning thi	s matter, pl	lease call:		
Lawrence G. Walters, Esq.			407 at (975-9150		
	Name	e of Person		a Code	Daytime Teleph	none Number
	Regis Divisi The C 2415	cet/Courler addr tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite hassee, FL 32303			MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations o
Enclosed Please m	ake ch	~	DEPART:	: □ \$1	F STATE. 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.

	orporation; must include "INCORPORATED.	" "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
Illinois	3	36-4280317		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
3/1/1999	5.	Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
N/A				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
2700 Patriot Blvd	. #250, Glenview, IL 60026	502, 1.3., to determine penalty hability)		
# 100 T # 1110 (121) (1		ice street address)		
	(× morpar on	<u></u>		
	(Current maili	ng address, if different)		
Name and stree	t address of Florida registered agent: (P.G	D. Box NOT acceptable)		
Name:	Lawrence G. Walters, Esq.			
	195 W. Pine Avenue			
ffice Address:		—— 32750		
ffice Address:	Longwood	, Florida ³²⁷⁵⁰		

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 Leonid Radvinsky □ Chairman □Chairman Name: ______ 2123 Warwick Lane ☐ Vice Chairman Address: □Vice Chairman Address: _____ Glenview, IL 60026 Director □ Director President President □ Vice President □ Vice President ☐ Treasurer □Treasurer ☐ Secretary ☐ Secretary □Other _____ Other ____ □Other _____ Other _____ Chairman □ Chairman Name: Name: _____ □Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □ Director □ Director ☐ President □President □Vice President ___ ☐ Vice President ☐ Secretary Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other ______ □ Other ______ Name: ______ Chairman Chairman ☐Vice Chairman □Vice Chairman Address: _____ Address: ______ Director Director □ President ☐ President □Vice President ___ □Vice President □ Secretary ☐ Secretary Treasurer ☐ 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. 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. Leonid Radvinsky, President

File Number

6037-251-9



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

CYBERTANIA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 01, 1999, 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

day of

JULY

A.D.2020 .

Authentication #: 2021202570 verifiable until 07/30/2021 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE