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COVER LETTER

TO: Registration S Division of C					
SUBJECT: Actives	oft, Inc.				
	Name of corporat	ion - must include suffix			
Dear Sir or Madam:					
"Certificate of Exister	ation by Foreign Corporation face," or "Certificate of Good Sign corporation to transact bus	tanding" and check are sub-			
Please return all corre	spondence concerning this ma	tter to the following:			
Lawrence G. Walters, E	Esq.				
- -	Name	of Person			
Walters Law Group					
	Firm/C	Company			
195 W. Pine Avenue					
	Ac	ldress			
Longwood, FL 32750					
	City/Stat	e and Zip code			
paralegal@firstamendm					
	E-mail address: (to be use	ed for future annual report n	otification)		
For further information	on concerning this matter, pleas	se call:			
Lawrence G. Walters, E	Esq. 407	975-9150	975-9150		
Name of Pers	Son Area C	Code Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	or the following amount: ble to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	ENT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 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.

me unavail	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)		
Illinois 3.		36-4482607		
ite or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
3/2001	5	Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
\ 				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
) Patriot Blve	. #250, Glenview, IL 60026	1502, C.S. to determine permity habitity		
		ffice street address)		
	(Current mail	ing address, if different)		
ame and <u>stree</u> Name:	(Current mail taddress of Florida registered agent: (P Lawrence G. Walters, Esq.			
Name:	t address of Florida registered agent: (P			
Name:	t address of Florida registered agent: (P Lawrence G. Walters, Esq.	O. Box NOT acceptable)		
	t address of Florida registered agent: (P Lawrence G. Walters, Esq. 195 W. Pine Avenue	.O. Box <u>NOT</u> acceptable)		

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: Leonid Radvinsky	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Glenview, IL 60026	□Director					
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	Secretary		□Treasurer			
□Other		Other		□Other			
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:				
	Address:						
Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□Other	Other		□Other			
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme	nt of State Annual Re	eport 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							
13.	······································						

File Number

6184-387-6



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

ACTIVESOFT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 28, 2001, 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 30 TH day of JULY A.D. 2020 .

Authentication #: 2021202556 verifiable until 07/30/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE