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COVER LETTER

то:	Registration Secti Division of Corpo				
SHBJ	ECT: TODA Cor	poration			
0020		Name of corpora	ition - mus	t include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence,	n by Foreign Corporation or "Certificate of Good corporation to transact bu	Standing"	and check are sub	
Please	return all correspor	dence concerning this m	atter to the	following:	
Brett 1	M. Dale				
		Name	e of Persor	1	
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		Firm/	Company		
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	•	A	ddress	<u> </u>	
Wheat	ton, Illinois 60189				
<u>-</u>		City/Sta	ate and Zip	code	
criley(@huckbouma.com; ki	martinez@huckbouma.com			
		E-mail address: (to be us	sed for futi	ire annual report r	notification)
For fu	rther information co	ncerning this matter, plea	ase call:		
Christ	Christopher Riley at (630) 344-1123 Name of Person Area Code Daytime Telephone Number				
	Name of Person	Area	Code	Daytime Telep	hone Number
	STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on trations Iahassee Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please	make check payable t	e following amount: o: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78.	FATE 75 Filing Fec & ified 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.

(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	ng business in Florida)	
2. Illinois	3.	20-0528563		
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	pplicable)	
1. December 16, 2003 5.				
(Date	of incorporation)	(Date of duration, if other	than perpetual)	
6. N/A				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ity)	
7 3200 1	N. Ocean Blvd, Unit 2403, Fort Lauderdale, FL	. 33308		
·· <u></u>	(Principal offi	ce <u>street</u> address)		
			#	
	(Current mailin	g address, if different)	TLYIV GECUE IS GEO	
8. Name and stree	t address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	CT2	
Name:	Florida Filing & Search Services, Inc.		injeri N	
Office Address:	155 Office Plaza Drive		1. 9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	Tallahassee	, Florida <u>32301</u>	\$ 25 P	
	(City)	(Zip code)		

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.

1. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□Chairman Name: ☐ Chairman Name: _____ □ Vice Chairman Address: _____ □Vice Chairman Address: _______ Marshall W. Joseph, Sole Director □ Director Director 3200 N. Ocean Blvd. Unit 2403 □President □ President Fort Lauderdale, FL 33308 □ Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer □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 Name: ______ □Vice Chairman Address: ______ □ Vice Chairman Address: _____ □ 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. Marshall W. Joseph 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 he is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in .817,155, F.S. Marshall W. Joseph, Sole Director

A. DIRECTORS



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

TODA CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 16, 2003, 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 21ST day of OCTOBER A.D. 2020 .

Authentication #: 2029503718 verifiable until 10/21/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE