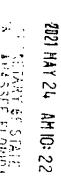
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(Requestor's Name)					
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name)	i			
(Do	ocument Number)				
Certified Copies	_ Certificates of	Status			
Special Instructions to	Filing Officer:	i			
		1			
	Office Use Only				



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JUN 14 2021 M. SOLOMON

COVER LETTER ***

TO: Registration Section Division of Corporations	•
SUBJECT: Fuelfed, Inc.	tion - must include suffix
Name of corpora	tion - must include surnx
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Lorraine Hughes	of Person
Name	of reison
Fuelfed, Inc.	4.0 P
Firm/C	Company
440 Barton Ave	282
A	ddress 200
Evanston, IL 60202	
	te and Zip code
fuelfed2@gmail.com	
E-mail address: (to be us	ed for future annual report notification) $\frac{2}{12}$
For further information concerning this matter, plea	se call:
Lorraine Hughes at (312) 4011975
Name of Person Area C	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME	ENT OF STATE
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

1. Fuelfed, Inc.					
	orporation; must include "INCORPORATE	ED,	" "COMPANY," "CORPORATION,"	_	
"Inc" "Co.," "Co	orp," "Inc." "Co," or "Corp.")				
(If name unavaila	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	_	
`	, , ,				
2. Illinois		3. 90-0938352		_	
(State or country	y under the law of which it is incorporated))	(FEI number, if applicable)		
4. March 4, 2013		5.			
	of incorporation)		(Date of duration, if other than perpetual)	-	
6	(Data first transported husiness	- i	1 Florida, if prior to registration)	_	
			502, F.S., to determine penalty liability)		
7. 440 Barton Ave	Evanston, IIL 602	0	۷	_	
	/ (Principal)	off	ce street address)		
	(Current ma	ilit	g address, if different)		
			.•	23	
8 Name and street	t address of Florida registered agent: (D C) Roy MOT accordable)	2021	
o. Name and siree	t address of Fiorida registered agent. (٠.、	y, now into acceptance	≥	3
Name:	Martin Meissner		the second secon	2	
				-	; ;
Office Address:	926 S.W. 17th St		<u>مين المين </u>	₹	
	B 1.11			AH Ю:	
	Fort Lauderdale (City)		, Florida 33315	:2	
	(City)		(Zip code)	~	

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							
□Chairman	Name: BRIAN E HUGHES	□ Chairman	Name: Lorraine	e Hughes			
□ Vice Chairman	Address: 440 Barton Ave	□Vice Chairman	Address: 440 I	Barton Ave			
□Director	Evanston, II. 60202	□Director	Evanston, II. 60202				
President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
□Other	□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 28			
□Other	Other	□Other	- 	□Other □□□□			
				24			
□ Chairman	Name:	Chairman					
	Address:	□Vice Chairman	Address:	224 N			
□Director		□Director		· · · · · · · · · · · · · · · · · · ·			
□President		□President		, , , , , , , , , , , , , , , , , , ,			
□Vice President		□Vice President					
□Sccretary	☐ 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. 12. 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.							

File Number

6894-170-9



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

FUELFED, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 04, 2013, 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

MAY

A.D. 2021

Authentication #, 2113203276 verifiable until 05/12/2022
Authenticate at, http://www.cyberdriveillinois.com

SECRETARY OF STATE